

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 OCT 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023923

1. Limited Liability Company's Name

LAZY DAZE, L.L.C.

500136977225
10/16/08--01022--009 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

16200 SAN CARLOS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1633 PERIWINKLE WAY

Suite, Apt. #, etc.

SUITE A

City & State

FORT MYERS, FL

City & State

SANIBEL, FL 33957

Zip

33908

Country

USA

Zip

33957

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 9/13/02

6. FEI Number

550801204

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TIMOTHY J. MURTY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1633 PERIWINKLE WAY

Suite, Apt. #, Etc.

SUITE A

City

SANIBEL

State

FL

Zip Code

33957

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/13/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARILYN R. BARNEY-VINDUSKA	15556 KAPCK COURT	FORT MYERS, FL 33908
MGR	LANCE S. JOHNSON	944 SAN CARLOS DRIVE	FORT MYERS, FL 33931

REINSTATEMENT

07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

10/13/08

Daytime Phone # 239-466-8400

Typed or printed name of signing Managing Member/Manager

MARILYN R. BARNEY-VINDUSKA