


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000039426</b> 1. Entity Name <b>SHANE'S R.V. CENTER, INC.</b>						<b>FILED</b> <b>05 FEB -8 AM 11:39</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1295 N TAMiami TRAIL</b> <b>CAPE CORAL, FL 33991</b> <i>N. Ft. Myers 33903</i>				Mailing Address <b>N1295 N TAMiami TRAIL</b> <b>CAPE CORAL, FL 33991</b> <i>N. Ft. Myers 33903</i>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>TIETZ, DAVID B</b> <b>2119 SW 15 AVE</b> <b>CAPE CORAL, FL 33991</b>				7. Name and Address of New Registered Agent Name <b>DAVID B TIETZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1508 SW 4TH CT</b> City <b>CAPE CORAL FL 33991</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>2-3-05</b>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>TIETZ, DAVID</b> STREET ADDRESS <b>2119 SW 15TH AVE</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33991</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>1508 SW 4TH CT</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33991</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>2-3-05</b> X 259-656-0552 Daytime Phone #			