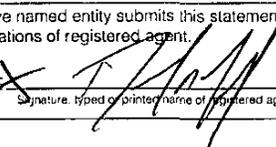
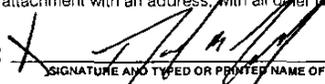


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000039426 1. Entity Name SHANE'S R.V. CENTER, INC.						FILED 05 FEB -8 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1295 N TAMiami TRAIL CAPE CORAL, FL 33991 <i>N. Ft. Myers 33903</i>		Mailing Address N1295 N TAMiami TRAIL CAPE CORAL, FL 33991 <i>N. Ft. Myers 33903</i>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip		City & State Zip					
4. FEI Number 45-0471940		Applied For <input type="checkbox"/> Not Applicable		02032005 REIN-P CR2E098 (6/04)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIETZ, DAVID B 2119 SW 15 AVE CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name DAVID B TIETZ Street Address (P.O. Box Number is Not Acceptable) 1508 SW 4TH CT City CAPE CORAL FL Zip Code 33991			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2-3-05			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TIETZ, DAVID 2119 SW 15TH AVE CAPE CORAL, FL 33991			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1508 SW 4TH CT CAPE CORAL, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2-3-05		Daytime Phone # X 239-656-0592	