

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000076024

Entity Name: LAZY LIZARD ENTERPRISES INC.

FILED  
Oct 01, 2009  
Secretary of State

**Current Principal Place of Business:**

428 ICE HARVEST DR.  
MOUNTAIN TOP, PA 18707 US

**New Principal Place of Business:**

10823 TAMiami TRAIL NORTH  
UNIT A  
NAPLES, FL 34108 US

**Current Mailing Address:**

428 ICE HARVEST DR.  
MOUNTAIN TOP, PA 18707 US

**New Mailing Address:**

10823 TAMiami TRAIL NORTH  
UNIT A  
NAPLES, FL 34108 US

FEI Number: 26-3275699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: UNITED STATES CORPORATION AGENTS, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: STOTTS, JERRI A  
Address: 428 ICE HARVEST DR.  
City-St-Zip: MOUNTAIN TOP, PA 18707 US

Title: S, T ( ) Delete  
Name: STOTTS, JERRI A  
Address: 428 ICE HARVEST DR.  
City-St-Zip: MOUNTAIN TOP, PA 18707 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, D (X) Change ( ) Addition  
Name: STOTTS, JERRI A  
Address: 10823 TAMiami TRAIL N, # A  
City-St-Zip: NAPLES, FL 34108 US

Title: S, T (X) Change ( ) Addition  
Name: STOTTS, JERRI A  
Address: 3230 BERMUDA ISLE, # 1029 A  
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. STOTTS

P

10/01/2009

Electronic Signature of Signing Officer or Director

Date