


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION

2008 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000051667

1. Corporation Name

LIZZY CORPORATION, INC.

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

27881 New York

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FLORIDA

Zip

34135

Country

Lee

3. Mailing Office Address

226 Willow Shore DR

Suite, Apt. #, etc.

City & State

Scottsburg, IN

Zip

47170

Country

Scott

7. Name and Address of Current Registered Agent

Name

ANN T. FRANK

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

2124 AIRPORT ROAD S.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Elizabeth K. Meyer	226 Willow Shore DR	Scottsburg, IN 47170

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Elizabeth K Meyer Elizabeth K Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-8

Date

812-752-5266

Daytime Phone #

08 JUL 22 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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