

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**CORPORATION REINSTATEMENT**

**LDRV HOLDINGS CORP.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,500.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG -5 PM 3:32

DOCUMENT # P99000061190

1. Corporation Name

LDRV Holdings Corp.

2. Principal Office Address - No P.O. Box #  
6130 Lazy Days Blvd

Suite, Apt. #, etc.

City & State  
Seffner, FloridaZip  
33584Country  
USA3. Mailing Office Address  
6130 Lazy Days Blvd

Suite, Apt. #, etc.

City & State  
Seffner, FloridaZip  
33584Country  
USA4. Date Incorporated or Qualified  
To Do Business in Florida 07/08/995. FEI Number  
59-3676915Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

JOHN HORTON

Street Address (P.O. Box Number is Not Acceptable)  
6130 Lazy Days Blvd

Suite, Apt. #, Etc.

City  
SeffnerState  
FLZip Code  
33584☐ 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 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/3/09

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

| Titles             | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------------------|--------------------------------------|---------------------------------------------------|------------------------|
| Director           | John Horton                          | 6130 Lazy Days Blvd                               | Seffner, Florida 33584 |
| CEO                | John Horton                          | 6130 Lazy Days Blvd                               | Seffner, Florida 33584 |
| CFO                | Randy Lay                            | 6130 Lazy Days Blvd                               | Seffner, Florida 33584 |
| Corp.<br>Reporting | Linda Stephens                       | 6130 Lazy Days Blvd                               | Seffner, Florida 33584 |
|                    |                                      |                                                   |                        |
|                    |                                      |                                                   |                        |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Horton, CEO

8-3-09

888-500-6289

Date

Daytime Phone #