

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 25 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 510411

1. Corporation Name

PINARAMA BOWLING LANES, INC. *w97-21111*

Principal Place of Business: 5008 S. Dale Mabry Tampa, Fl 33611
 Mailing Address: 5008 S. Dale Mabry TAMPA, FL33611

US
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/11/76	
City & State		City & State		5. FEI Number	
Zip		Country		59-1705387	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	PETTIT, LUCKIE E.	2103 MARJORY AVE.	TAMPA, FL 33606
S	PETTIT, VIC B.	2103 MARJORY AVE.	TAMPA, FL 33606
000002361400--1 -12/02/97--01100--004 *** 923.75 *** 96-97 923.75 923.75 56 11-26-97			

REINSTATEMENT

8. Name and Address of Current Registered Agent

PETTIT, LUCKIE E.
 2103 MARJORY AVE.
 TAMPA, FL ~~33606~~ 33606

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Luckie E. Pettit* REGISTERED AGENT MUST SIGN Date: *11/24/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *LUCKIE E. PETTIT* *Luckie E. Pettit* 11/13/97 (813) 835-7665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)