## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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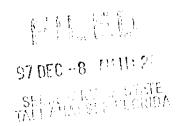
1. Corporation Name

Manor Lanes, Inc.

Principal Place of Business

Mailing Address

1826 E. Sunrise Boulevard Fort Lauderdale, Florida 33304



REMOTATEMENT

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aD.	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.												
New Principal Office Address, If Applicable 3. New			3. New Maili	lew Mailing Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 9 / 1 2 / 5 6					
Sulte, Apt. #, etc. City & State		Suite, Apt. #,	etc.				·					
		0.000				5. FEI Number			_	Applied For		
		City & State			59-6065754				Not Applicable			
<b>Z</b> ip Country		Zip		Countr	у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of State						
7. Names and	Street Add	resses of Each Officer and	/or Director (Flo	rida nonprol	il corpora	itions must list at lea	st 3 directors)					
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I			City / State / Zin				ρ		
P/S Richard L. Burk.		ard £x8x5x6xx1NxE		x XXX	x x x x x x x x x x x x x x x x x x x		Ft. Laud., FL 888855x					
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<del>-,</del>	8. Name	and Address of Current	Registered Age	nt		1	9 Name and	Address of New Regi	stored (			
n' 1		<del></del>	. To g. o.	···		Name	o. Hamb and	Address of New Megi	BICIOU A	gent		
Kichai	ra L.	Burkard				Ctrool Addrson (D	O. Pay Musha	is Not Acceptable)				
						1826 E.						
						Suite, Apt. #, Etc.	0011130	DIVO.				
	/		·			City Ft. Laud			State	Zip C	33304	
		ntistered agent of the abo	ve named corpo	ration, am fa	amiliar wi	Ih and accept the ob	ligations of Sect	ion 607.0505, F.S.				
Signature of Registered Age	XII	rhand F	Carlo GISTERED AGI	and ENT MUST	SIGN	- <del> </del>		Date				
11. Does Dept.	this c	orporation pay a venue under S.	ny intang 199.032,	ible tax Florida	to th	e utes. Yes[	☐ No [	X (See c	other side on intanç		ormation x.)	
owed by the	ment appi corporatio	licer or director or the receit ication, the reason for disso n have been paid and the r ue and accurate, and my sig	Nution has been t names of Individu	eliminated, t Jals listed or	he corpo i this forn	rate name satisfies ti n do not qualify for a	he requirements in exemption und	of section 607 0401 A	r 617 044	<b>01</b> E C	that all food	