

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**

99 NOV -3 PM 4:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 195964

1. Corporation Name

Manor Lanes, Inc.

Principal Place of Business Mailing Address  
 941 NE 19 Ave., #203  
 Fort Lauderdale, Florida 33304

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		09/12/56	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-606754		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> See 7. A certificate fee is required for a certificate of status.			

**REINSTATEMENT 98-99**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Richard L. Burkard	941 NE 19 Ave., #203	Ft. Laud., FL 33304
			700003038857--G -11/09/99--01006--007 ****17.50 ****17.50
			700003038857--G -11/09/99--01006--008 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Richard L. Burkard 941 NE 19 Ave., #203 Fort Lauderdale, Florida 33304		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 607.0605, F.S.  
 Signature of Registered Agent: Richard L. Burkard Date: 11/1/99  
 REGISTERED AGENT MUST SIGN

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)(f), 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: Richard L. Burkard : 11/2/99 205-5105  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard L. Burkard Page Daytime Phone #

CR2000 (12/98)