

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -5 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195964

1. Corporation Name

Manor Lanes, Inc.

2. Principal Office Address

941 NE 19 Avenue

Suite, Apt. #, etc.

#207

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

941 NE 19 Avenue

Suite, Apt. #, etc.

#207

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/56

5. FEI Number

59-606754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard L. Burkard

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

941 NE 19 Avenue

Suite, Apt. #, Etc.

#207

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

Richard L. Burkard

REGISTERED AGENT MUST SIGN

Date

June 3 / 02

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
PSD	Richard L. Burkard	941 NE 19th Avenue, #207	Ft. Lauderdale, FL 33304

REINSTATEMENT

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 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

Richard L. Burkard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 3 / 02

Daytime Phone #

CP2E081 (9/01)