

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


05 SEP 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (8/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 195964

1. Corporation Name

Manor Lanes, Inc.

2. Principal Office Address

1800 SE St. Lucie Blvd.

Suite, Apt. #, etc.

1-202

City & State

Stuart, Fl.

Zip

34996

Country

US

3. Mailing Office Address

1800 SE St. Lucie Blvd.

Suite, Apt. #, etc.

1-202

City & State

Stuart, Fl.

Zip

34996

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

9/12/1956

5. FEI Number

59-6065754

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)

1800 SE St. Lucie Blvd.

Suite, Apt. #, Etc.

1-202

City

Stuart

State

FL

Zip Code

34996

8. I, being appointed the registered agent of the above 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

9/16/05

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
Pres.	Richard L. Burkard	1800 SE St. Lucie Blvd. 1-202	Stuart, Fl. 34996
			400059784534 09/20/05--01050--001 **900.00

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

Richard L. Burkard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/05

Date

772-240-1989

Daytime Phone #

KPS 09/20/05