

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195964
1. Corporation Name
MANOR LANES INC

300161981183
10/21/09--01028--009 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box # 103620 LOT 30		3. Mailing Office Address	
Suite, Apt. #, etc. US HIGHWAY 1		Suite, Apt. #, etc.	
City & State KEY LARGO FL		City & State	
Zip 33037	Country MONROE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/12/56	Applied For
5. FEI Number 59-6065754	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: RICHARD BURKARD

Street Address (P.O. Box Number is Not Acceptable): 103620 US HWY 1 LOT 30

Suite, Apt. #, Etc.

City: KEY LARGO State: FL Zip Code: 33037

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Z Burkard* Date: 10/19/09

REGISTERED AGENT MUST SIGN

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
P	RICHARD BURKARD	103620 US HWY 1 LOT 30	KEY LARGO FL 33037

X 10/21

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 contained in Chapter 119, 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 Z Burkard* Date: 10/19/09 772 240 1989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #