

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 395069

Entity Name: JAX LANES, INC.

**FILED**  
**Jul 17, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

8720 BEACH BLVD.  
JACKSONVILLE, FL 322164619

**New Principal Place of Business:**

**Current Mailing Address:**

8720 BEACH BLVD.  
JACKSONVILLE, FL 322164619

**New Mailing Address:**

FEI Number: 59-1382032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSEN, CHARLIE  
8720 BEACH BLVD  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLIE LARSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ETTLINGER, ARTHUR  
Address: 8217 WALLINGFORD HILLS LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V  
Name: BLOW, MARGARET L  
Address: 8217 WALLINGFORD HILLS LANE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR ETTLINGER

PRES

07/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date