

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **537701**

1. Corporation Name

PORT ST. LUCIE LANES, INC.

FILED

01 DEC 31 PM 2:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6759 SOUTH US #1
 PORT ST. LUCIE FL 34952-1427

6759 SOUTH US #1
 PORT ST. LUCIE FL 34952-1427



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

06/22/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1757347

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
V	FURST, JAMES P SR	465 SE SEABREEZE LN	PT ST LUCIE FL
P	ROON, ELIZABETH W	1091 SPINNAKER AVE	PORT ST. LUCIE FL 33452
S	BORKOWSKI, ANN	755 SW SALERNO RD	STUART FL 34997
T	SINTON, JOANNE	1299 SW JASMINE TRACE	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROON, ELIZABETH W
 1091 SE SPINNAKER
 PORT ST LUCIE FL 34952~~

Name **W THOMAS WACKER**
 Street Address (P.O. Box Number is Not Acceptable)
1100 SO FEDERAL HWY
 Suite, Apt. #, Etc.
 City **STUART** State **FL** Zip Code **34995**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/3/01

11. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/01

CR2E040 (8/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 569044 81236A
 AUTHORIZATION : *Patricia Pignata*
 COST LIMIT : \$ 750.00

ORDER DATE : December 31, 2001
 ORDER TIME : 10:36 AM
 ORDER NO. : 569044-010
 CUSTOMER NO: 81236A

CUSTOMER: Fernando M. Giachino, Esq
 Warner, Fox, Wackeen, Dungey,
 1100 South Federal Highway
 Stuart, FL 34994

DOMESTIC FILINGS

NAME: PORT ST. LUCIE LANES, INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____

RECEIVED
 01 DEC 31 AM 11:29
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA