

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 4: 11

DOCUMENT # A04258

1. Limited Liability Company's Name

DON CARTER LANES OF FLORIDA, LIMITED

700136781187  
10/09/08--01042--010 \*\*377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
8501 N. UNIVERSITY DRIVE

3. Mailing Office Address  
4380 OAKES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

DAVIE, FL

Zip

33313

Country

USA

Zip

33314

Country

USA

4. State/Country of Formation  
OH

5. Date Organized or Qualified  
To Do Business in Florida 11/1974

6. FEI Number  
59-1579106

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

STRICKROOT, JOHN C.

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

25 WEST FLAGLER STREET

Suite, Apt. #, Etc.

FIFTH FLOOR, CITY NATIONAL BANK BUILDING

City

MIAMI

State

FL

Zip Code

33130

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*John C Strickroot*

Date

10/08/08

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
GP	POWELL, JOHN JR.	6639 EMBASSY COURT	MAUMEE, OH 43537
GP	ROSE, BURTON	5580 MONROE ST.	SYLVANIA, OH 43560
GP	ISAN, JERRY	2420 NE 27TH ST.	LIGHTHOUSE POINT, FL 33064

**REINSTATEMENT** 07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

*Jerry Isan*

Date

10/08/2008

Daytime Phone # 954-846-8400

Typed or printed name of signing Managing Member/Manager JERRY ISAN