

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

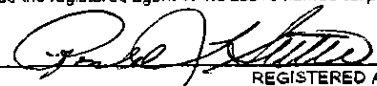
CORPORATION REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45910 1. Corporation Name MIRACLE LANES, INC.

2. Principal Office Address 4224 Cleveland Avenue Suite, Apt. #, etc.	3. Mailing Office Address 4224 Cleveland Avenue Suite, Apt. #, etc.
City & State Fort Myers, FL 33901	City & State Fort Myers, FL 33901
Zip 33901 Country USA	Zip 33901 Country USA

REINSTATEMENT 96-00	
4. Date Incorporated or Qualified To Do Business in Florida 01/23/90	5. FEI Number 223017736
6. CERTIFICATE OF STATUS DESIRED ☒	Applied For ☒ Not Applicable ☐

7. Name and Address of Current Registered Agent	
Name Ronald L. Stetler, Esq.	300003408643--6 -09/28/00--01092--024 ***1050.00 ****1050.00
Street Address (P.O. Box Number Is Not Acceptable) 8889 Pelican Bay Boulevard	
Suite, Apt. #, Etc. Suite 300	
City Naples	State FL Zip Code 34108

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 	Date 9-19-00
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	William H.J. Ely, Jr.	43 Theatre Center	Sparta, NJ 07871
S,T	William H.J. Ely III	43 Theatre Center	Sparta, NJ 07871

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: 	Date 9/18/00 Daytime Phone # 977-729-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (3/99)