

PLEASE READ A INSTRUCTIONS BEFORE COM TING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 27 PM 1:24

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # L45910

1. Corporation Name

MIRACLE LANES, INC.

800074343458  
05/10/06--01026--023 \*\*458.75

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

4140 Fowler Street

3. Mailing Office Address

4140 Fowler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Fort Myers, FL

City &amp; State

Fort Myers, FL

Zip  
33901Country  
LeeZip  
33901Country  
Lee4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

22-3017736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
Ronald L. Stetler, Esq.Street Address (P.O. Box Number is Not Acceptable)  
5551 Ridgewood DriveSuite, Apt. #, Etc.  
Suite 101City  
NaplesState  
FLZip 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 4/4/2006

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
ST	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2006

Date

973-778-6800

Daytime Phone #