

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L45910

1. Corporation Name

MIRACLE LANES, INC.

Deposited 4/22/03 01072 012 \$1,050.00

2. Principal Office Address

4140 Fowler Street

Suite, Apt. #, etc.

3. Mailing Office Address

4140 Fowler Street

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33901

Country

Zip

33901

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

223017736

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 Drive

Suite, Apt. #, Etc.

Suite 101

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

5/2/03

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	Ely, William H.J. Jr.	43 Theatre Center	Sparta, NJ 07871
ST	Ely, William H.J. 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., 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 from the requirements of section 607.0505 or 617.0503, F.S., that all fees 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

Date

5/2/03 973-777-6800

Daytime Phone #

CR2E081 (10/02)