L95000000803

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000803

DESOTO LANES, L.C.
1801 GLENGARY STREET
SARASOTA, FL 34231

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address
3115 SE HWY 70
ARCADIA, FL 34266

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 10/23/95
3a. State of Formation: FLORIDA
4. FEI Number: [ ] Applied For [ ] Not Applicable
5. Date of Last Report: 4/14/96
6. Certificate of Status Desired: [ ]

7. Name and Address of Current Registered Agent

THE LAW OFFICE OF CHRIS M. VORBECK, P.A.
1801 GLENGARY STREET
SARASOTA, FL 34231

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City: FL
Zip Code

600002887765--4
-05/26/99--01107--002
***1066.25 ***1066.25

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 _____ Date 5/12/99
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	MICK VORBECK	1801 GLENGARY STREET	SARASOTA, FL 34231
MGR	CHRIS M. VORBECK	1801 GLENGARY STREET	SARASOTA, FL 34231
MGR	CARY VORBECK	1801 GLENGARY STREET	SARASOTA, FL 34231

97-99

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 608.408, 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 _____ Date 4/30/~~00~~99 Daytime Phone # 941-921-3124

Typed or printed name of signing Managing Member/Manager Mick Vorbeck

CR2EO41 12/97