

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 724988

1. Corporation Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE C ASSOCIATION, INC.

Principal Place of Business

C ASSOCIATION, INC.
 7857 GOLF CIRCLE DR.
 MARGATE FL 33063

Mailing Address

ORIOLE GOLF + TENNIS CLUB PHASE
 C ASSOCIATION, INC.
 7777 7857 GOLF CIRCLE DR.
 MARGATE FL 33063



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1972

5. FEI Number

59-1529232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BORACK, MARGA SHIRLEY KULLER	7857 GOLF CIR.DR. # 112	MARGATE FL 33063
PD	WARNER, MARGARET	7857 GOLF CIRCLE DR. # 312	MARGATE FL 33063
TD	GOULD, GLORIA	7857 GOLF CIRCLE DR. # 111	MARGATE FL 33063
VD	MATIAS, RAY MARCEL RENEY	7857 GOLF CIRCLE DR. # 203	MARGATE FL 33063
D	LEVY, JOSEPH ARMANDO SEGARRA	7857 GOLF CIRCLE DR. # 311	MARGATE FL 33063

8. Name and Address of Current Registered Agent

GOULD, GLORIA
 7857 GOLF CIRCLE DR
 APT 111
 MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Gloria Gould
 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-30-02

11. 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:

Margaret Warner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02

CR2E040 (8/02)