

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 PM 12:49

DOCUMENT # 727171

1. Corporation Name
*Oriole Golf & Tennis Club Condominium
"E" Association Inc.*

2. Principal Office Address - No P.O. Box #

7837 Golf Circle Dr

Suite, Apt. #, etc.

209 E

City & State

MARGATE, FLA

Zip

33063

Country

USA

3. Mailing Office Address

7837 Golf Circle Dr.

Suite, Apt. #, etc.

209 E

City & State

MARGATE, FLA.

Zip

33063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida *8/14/73*

5. FEI Number

591529230

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

Edmund R Schendel

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

7837 Golf Circle Dr

Suite, Apt. #, Etc.

209 E

City

MARGATE

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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10/09/08--01044--002 **192.50

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

Edmund R Schendel

REGISTERED AGENT MUST SIGN

Date

9/1/08

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
<i>Pres</i>	<i>Edmund R Schendel</i>	<i>7837 Golf Circle Dr 209 E</i>	<i>MARGATE, FLA 33063</i>
<i>V. Pres</i>	<i>Kathy Ficarra</i>	<i>7837 Golf Circle Dr 109 E</i>	<i>MARGATE, FLA 33063</i>
<i>Sec. Treas.</i>	<i>Sandy K. Berven</i>	<i>7837 Golf Circle Dr 110 E</i>	<i>MARGATE, FLA 33063</i>
<i>Director</i>	<i>Raymond Weber</i>	<i>7837 Golf Circle Dr 304 E</i>	<i>MARGATE, FLA 33063</i>
<i>Director</i>	<i>Shirley Frozette</i>	<i>7837 Golf Circle Dr 106 E</i>	<i>MARGATE, FLA 33063</i>
<i>Director</i>	<i>Louise T. Schendel</i>	<i>7837 Golf Circle Dr 209 E</i>	<i>MARGATE, FLA 33063</i>

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:

Edmund R Schendel Edmund R Schendel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/08

Date

Daytime Phone #

cell (954) 658-1472

(954) 974-8090