PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 23 PM 12:44

DOCUMENT # [redacted] 756181

1. Limited Liability Company's Name
Egret Condominium Association, Inc.

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
211 SE 15th Pl.	211 SE 15th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, Florida	City & State: Cape Coral, Florida
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 02/03/1981

6. FEI Number: 592170541 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Cheryle Sauls
Street Address (P.O. Box Number is Not Acceptable): 215 SE 15th Place
Suite, Apt. #, Etc.: 209
City: Cape Coral State: FL Zip Code: 33990

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01/09/06--01006--001 **86.25
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11/09/05--01063--007 **150.00

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REINSTATEMENT 05

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: Cheryle Sauls 239-574-2629 Date: 11/7/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Cheryle Sauls	215 SE 15th Place #209	Cape Coral, Florida 33990
VP	Sheri Osborne	211 SE 15th Place #110	Cape Coral, Florida 33990
ST	Lois Nowinski	223 SE 15th Place #204	Cape Coral, Florida 33990
D	Carol Nagoro	215 SE 15th Place #109	Cape Coral, Florida 33990
D	Irene Pratt	215 SE 15th Place #208	Cape Coral, Florida 33990

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 608.406, 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: Sheri A. Osborne MGRM Date: 11-7-05 Daytime Phone #: 239-458-1767

Typed or printed name of signing Managing Member/Manager: SHERI A. OSBORNE MGRM.