

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 14 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180274018
05/04/10--01046--019 **236.25

DOCUMENT # NO8000000687

Corporation Name

ORIOLE ELEMENTARY PTO, INC

W110 --- 22125

Principal Office Address - No P.O. Box #

3081 N.W. 39 STREET

Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL

City & State

Zip

Country

Zip

Country

33309

U.S.A

REINSTATEMENT 09-10

CR2E081 (4/10)

Date Incorporated or Qualified
To Do Business in Florida

1/22/08

FEI Number

65-1320624

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name

SANDRA REID

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

16822 S.W. 5TH WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

800180274018
06/14/10--01061--005 **70.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/28/10

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
D, P	KIMBERLY ALEXANDER	3298 N.W. 32 ST	LAUDERDALE LAKES FL 33309
D, VP	KATHY HUGHES	3916 N.W. 8TH TERR	LAUDERDALE LAKES, FL 33309
D, S	TRACI PORTER	4406 N.W. 20 ST	COCONUT CREEK FL 33066
D, T	SANDRA REID	16822 SW 5TH WAY	WESTON FL 33326
D, T	EMELIA BISHOP	4321 NW 38 TERR	LAUDERDALE LAKES FL 33309

E-mail Address: SANDRA • REID @ BROWARD SCHOOLS. COM

(To be used for future annual report notification)

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. I further certify, 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:

[Signature] SANDRA A. REID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/10
Date

754 322-7550
Daytime Phone #