

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -5 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009037

1. Corporation Name

Oradale, Inc.

2. Principal Office Address

2389 Wilton Drive
Suite, Apt. #, etc.

3. Mailing Office Address

2389 Wilton Drive
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip Country

33305-1283 USA

City & State

Fort Lauderdale, FL

Zip Country

33305-1283 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/24/2003

5. FEI Number

58-2682923

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

Don Register

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

4209 NE 22nd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

Don Register

REGISTERED AGENT MUST SIGN

Date 01/04/2005

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
PST-	Register, Don	4209 NE 22nd Avenue	Fort Lauderdale, FL 33308

3100044675583
01/13/05--01013--011 **150.00

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 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:

Don Register

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/05 954-567-2276

Date

Daytime Phone #

CR2E001 (01/04)

Oradale, Inc.
2389 Wilton Drive
Wilton Manors, Florida 33305
Main: (954) 202-0000 ♦ Fax: (954) 565-1114

January 4, 2005

Michelle Meligan
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

Re: ORADALE, INC.
Doc. No. P03000009037

Dear Michelle,

Per our conversation today, please find enclosed the following documents:

- 1) Original Corporation Reinstatement Form;
- 2) Check No. 1749 in the amount of \$150.00 for 2005 fees;

Since we did not receive the rejection letter, please waive the reinstatement fee. Please also note that the Registered Agent has been changed. Thank you for all of your help. I greatly appreciate it.

Sincerely,



Don Register
President, Ponrattana, Inc.
DR/cm

P.S.

The Address also changed for
the Principle Office. Happy New Year!