

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

1998 APR -2 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **767521**

1. Corporation Name  
**RHO SIGMA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 3631 P.O. BOX 3631  
 MIAMI FL 33269 MIAMI FL 33269



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/17/1983	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	OLIVER ASHLEY	19720 NW 41 AVE. 2982 SW. 174 Ave	MIAMI FL Miami, FL
VPD	SMITH, RAY	17311 NW 47 AVENUE	CAROL CITY FL
TD	DAVIS, RICHARD	8931 NW 8TH STREET	PEMBROKE PINES FL
TSD	CRAWL, CARLTON (RECORD.)	10220 SW 15TH ST	PEMBROKE PINES FL

**REINSTATEMENT**

07-282  
12/18  
1/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHSLEY, OLIVER  
 19720 NW 41 AVENUE  
 MIAMI FL 33056

Name Oliver N. Ashley  
 Street Address (P.O. Box Number is Not Acceptable)  
2982 SW. 174 Ave  
 Suite, Apt. #, Etc. 600002481306--9  
 City Miami State FL Zip 33029  
 04/07/98--01070--002  
 \*\*\*297.50 \*\*\*297.50

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.

Signature of Registered Agent Oliver N. Ashley  
 REGISTERED AGENT MUST SIGN

Date 12/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: Oliver N. Ashley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/30/98 Daytime Phone # 954-704-1164

CFR2040 (8/97)