

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

97 DEC 30 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N10909**

1. Corporation Name  
**FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION**

Principal Place of Business Mailing Address  
**PI BETA PHI PI BETA PHI HOUSE CORP**  
**37 WEST FRATERNITY DRIVE P O BOX 13723**  
**GAINESVILLE FL 32603 GAINESVILLE FL 32604**  
**US US**



**REINSTATEMENT**

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.		07/31/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2643047	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
<del>P</del>	<del>WILBUR, MARCELLA</del>	<del>2001 NW 29RD BLVD</del>	<del>GAINESVILLE FL 32607</del>
P/D	BARTON, DEYNN	307 SW 41ST ST	GAINESVILLE FL
DT	DOERR, LAURIE	4455 SW 34TH LN #EE168	GAINESVILLE FL
<del>DV</del>	<del>BARTON, DELYNN</del>	<del>307 SW 41ST ST</del>	<del>GAINESVILLE FL</del>
<del>DS</del>	<del>SOLIS, DIANA</del>	<del>1910 NW 1ST AVE.</del>	<del>GAINESVILLE FL 32603</del>
DS	MCGOERY, KATHY	37 WEST FRATERNITY ROW	GAINESVILLE, FL 32603
<del>V</del>	<del>DENNING, JOANNE</del>	<del>1222 NW 8TH AVE., APT #5</del>	<del>GAINESVILLE FL</del>
<del>F</del>	<del>WALSH, VANESSA</del>	<del>931 SW 57TH TERRACE</del>	<del>GAINESVILLE FL</del>

8. Name and Address of Current Registered Agent

GADD, JR C M  
111 SE 1ST AVE  
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name  
**DELYNN BARTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 SW 41ST ST**  
Suite, Apt. #, Etc. ~~800002383198-5~~  
City **Gainesville**  
State **FL** Zip **32607**  
Date **12/29/97**

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 *[Signature]* Date **12/29/97**  
REGISTERED AGENT MUST SIGN

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: *[Signature]* **DeLynn Barton, President** Date **12-29-97** Telephone # **352/377-7002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)