

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 30 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003487

1. Corporation Name

SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MR. BENJAMIN SARDINAS
3049 MARY STREET
MIAMI FL 33133
US

C/O MR. BENJAMIN SARDINAS
3049 MARY STREET
MIAMI FL 33133
US

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 /

06/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

NOT APPLICABLE

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
DP DT	VASTA, CHRISTOPHER T Popritkin, Lawrence	4712 SW 67TH AVE G15 3049 Mary St	MIAMI FL 33155-33133
DP	ORTIZ, NATHANIEL	11776 SW 108TH LN 9601 SW 164 COURT	MIAMI FL 33186-33196
DVS	SARDINAS, BENJAMIN	3049 MARY ST	MIAMI FL 33133
D	GAVIRIA, FRANCISCO J	10450 SW 126TH AVE	MIAMI FL 33186
			700003069667--1 -12/14/99--01083--019 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MADORSKY, MARSHA G
2665 S BAYSHORE DR
SUITE 603
MIAMI FL

Name BENJAMIN A. SARDINAS
Street Address (P.O. Box Number is Not Acceptable)
3049 Mary St
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33133

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-17-99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-99 (305) 946-1000