

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV -1 PM 2:50

DOCUMENT # N98000001482

1. Corporation Name  
THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

Principal Place of Business Mailing Address  
928 S.W. TENTH STREET MIAMI FL 33134-33130  
~~928 S.W. TENTH STREET MIAMI FL 33134~~



REINSTATEMENT 99

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.		03/12/1998	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	
33130		33100	USA		

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
P/D	Peter Dunne	928 SW 10th Street	Miami, FL 33130
V/D	Phil Caso	300 Arthur Godfrey Rd #201	Miami Beach, FL 33140
T/D	John Gabriel	1 SE 3rd Ave, 10th Floor	Miami, FL 33131
S/D	Jed Frankel	4000 Hollywood Blvd, 265 South	Hollywood 33021
			500003038645 --> ? -11/09/99--01003--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRANKEL, JED L 4000 HOLLYWOOD BLVD. #265-SOUTH HOLLYWOOD FL		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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: Jed Frankel REGISTERED AGENT MUST SIGN Date: 10/19/99

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)(l), 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] Peter Dunne, Pres. Date: 10/18/99 Daytime Phone #: 305-858-6900

CR22840 (8/99)

AD