

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 FEB 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/02/07--01003--019 **376.25

REINSTATEMENT
CR2E081 (1/07) 02-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 198000001482

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

2. Principal Office Address - No P.O. Box # EWM - Ron Shuffield		3. Mailing Office Address EWM - Ron Shuffield	
Suite, Apt. #, etc. 1360 South Dixie Highway		Suite, Apt. #, etc. 1360 South Dixie Highway	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146-2904	Country USA	Zip 33146-2904	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/12/1998

5. FEI Number 650689397 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
Jonathan Ross

Street Address (P.O. Box Number is Not Acceptable)
11340 SW 71st Street

Suite, Apt. #, Etc.

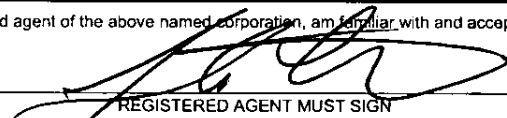
City
Miami

State
FL

Zip Code
33173

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

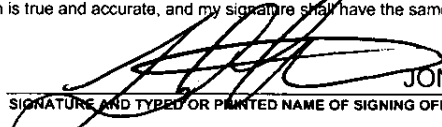
Signature of Registered Agent  Date **02/24/2007**

REGISTERED AGENT MUST SIGN

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
PD	SHUFFIELD, RON	9568 SW 67th Court	Miami, FL 33156
VD	O'KURLEY, ASHLEY	8981 SW 122 Place 1018	Miami, FL 33186
TD	WALLACE, JOHN	199 Ocean Lane Dr. Apt. 515	Key Biscayne, FL 33149
SD	ROSS, JONATHAN	11340 SW 71st St.	Miami, FL 33173
D	LANDON, KIRK R	255 ALHAMBRA CIRCLE #820	CORAL GABLES FL 33134
D	DUNNE, PETER	4350 SW 105 Ave	Davie, FL 33328

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 contained in Chapter 119, 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:  **JONATHAN ROSS** **02/24/2007** **305-992-8772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #