

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **98-98**
REINSTATEMENT

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



DOCUMENT # **743673**

1. Corporation Name

Tau Kappa Epsilon of Coral Gables, Incorporated

Principal Place of Business

Mailing Address

P.O. Box 24-8559
Coral Gables, FL 33146

P.O. Box 24-8559
Coral Gables, FL 33146

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/21/1978

5. FEI Number

59-1871488

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PRESIDENT BPA	ORLANDO G. SUERO / D	1911 SW 179 AVE MIRAMAR, FL 33029	MIRAMAR, FL 33029
Vice President	Troy N. Moslemi / D	2800 Biscayne Blvd. Suite 400	Miami, FL 33137
TREASURER	David G. George / D	7500 SW 59 Avenue #A1 Miami, FL 33143	Miami, FL 33143

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Deloach, James R.
3003 Emathla St.
Coconut Grove, FL 33133

Name

Orlando G. Suero

Street Address (P.O. Box Number is Not Acceptable)

1911 SW 179 Avenue

Suite, Apt. #, Etc.

City

Miramar, FL

State

FL

Zip Code

33029

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]

REGISTERED AGENT MUST SIGN

Date

3/24/98

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] ORLANDO G. SUERO

3/24/98

(305) 876-8408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #