PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 21 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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-06/27/02--01010--023
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REINSTATEMENT DD-02

DOCUMENT # 743673

1. Corporation Name

Tau Kappa Epsilon of Coral Gables, Incorporated

2. Principal Office Address	**3.** Mailing Office Address
1413 SE 4 Street	P.O. Box 2267
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.:
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33301 Country: USA	Zip: 33303 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 21, 1978

5. FEI Number: 591871488 ☐ 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: Troy N. Moslemi

Street Address (P.O. Box Number is Not Acceptable): 215 SW 17 Avenue

Suite, Apt. #, Etc.: Suite 205

City: Miami State: FL Zip Code: 33135

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 June 9, 2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	Charles M. Ritchie	1413 SE 4 Street #2	Ft. Laud. FL 33301
V/D	Troy N. Moslemi	215 SW 17 Avenue Suite 205	Miami FL 33135
T/D	Kengkaj Sukcharoenphon	8951 SW 72 Street #204	Miami FL 33173
D	Jeremy Bernauer	9151 SW 138 Place	Miami FL 33186
D	Guillermo Vildosola III	7843 SW 162 Place	Miami FL 33193

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 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.

954-763-4991

SIGNATURE: _____ Charles M. Ritchie, President June 9, 2002

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

jm 6/25/02