

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR 30 AM 10:40

DOCUMENT # 728040

1 Corporation Name

ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

2 Principal Office Address No P.O. Box #

12420 S. W. 89th Ave.

Suite, Apt. #, etc.

3 Mailing Office Address

12420 S. W. 89th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

Zip

33176

Country

CR2E081 (1/1/10)

4 Date Incorporated or Qualified
To Do Business in Florida

11/18/1974

5 FEI Number

59-0817798

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7 Name and Address of Current Registered Agent

Name

Brian Kushner

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

12420 S. W. 89th Ave.

Suite, Apt. #, etc.

City

Miami

State Zip Code

FL 33176

800297338988
03/30/17 -- 01005 -- 027

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 3/17/17

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
TR	Brian Kushner	12420 S. W. 89th Ave.	Miami, FL 33176
TR	Fred Levinson	1925 Largo Rd.	Jacksonville, FL 32207

10. E-mail Address: brian.kushner@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/17

(716) 546-4598