PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# 706212

1. Corporation Name

SIGMA CHI FRATERNITY GAMMA THETA CHAPTER, INC.

FILED

02 JUL - 1 PM 2: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

300006532843--4 -07/19/02--01058--020

1 .						未未来	**8 . 75	******8.75	
2. Principal Office Address 8 Fraternity Row 5Campus=U-of For		3. Mailing Office Address 8 Fraternity Row Campus U of F			ſ	20.0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\mathcal{O}				
					4. Date Inco	orporated or Qualified			
City & State		City & State			To Do Business in Florida 1963				
Gainesville, FL 32604		Gainesville, FL 32604			5. FEI Number Applied For				
Zip Country		Zip Country		59-0626226 Not Applicable					
32604 U	nited States	32604	Uni	ted States		TE OF STATUS DESIRED	\$8.75 Add	itional Fee required trificate of Status	
	'			of Current Register	nd Agent	<u> </u>			
Name William D. Olinger Street Address (P.O. Box Number is Not Acceptable) 2700-A NW 43rd Street Suite, Apt. #, Etc. City Gainesville, State Tip Code FL 32606 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 REGISTERED AGENT MUST SIGN Date June 28, 200						*****358.75			
Names and Street Addresses of Each Officer and/or Director (Fig. 1) Titles Name of			Street Address of Each						
0	Officers and/or Directors		Officer and/or Director			City / State / Zip			
D John W. B	John W. Kirkpatrick		2531 NW 41st Street			Gainesville, FL			
P Frank P.	Frank P. Saier			6410 NW 56th Lane			Gainesville, FL 32601		
D William D	William D. Olinger			2700-A NW 43rd Street			Gainesville, FL 32606		
D Robert O.	Robert O. Dalee			2212 NW 26th Terrace			Gainesville, FL 32604		
T Frank A. Green, III			423 NW 21st Street			Gainesville, FL			
			·						

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 filling 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

<u>June 28, 200</u>2