

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 23 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **708663**

1. Corporation Name

FLORIDA MU CHAPTER  
PHI ~~DELTA~~ KAPPA FRATERNITY, INC.

2. Principal Office Address

5700 Bentbrook Blvd.

3. Mailing Office Address

439 Griswold Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, FL

City & State

Lake Worth, FL.

Zip

33467

Country

U.S.A.

Zip

33461-5744

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business In Florida

03/18/1965

5. FEI Number

36-6067663

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

Joseph E. Izzarone

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

439 Griswold Drive

Suite, Apt. #, Etc.

City

Lake Worth

State  
FL

Zip Code

33461-5744

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 05/15/2001

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/T	Thomas Noel	2286 Palm Road	West Palm Beach, FL 33406-8748
V/T	Donald Mcvey	2105 S.W. Park Drive	Boynton Beach, FL 33426
Tr	Joseph E. Izzarone	439 Griswold Drive	Lake Worth, FL 33461-5744
S	James Clark Jr.	1000 Salmon Isle	West Palm Beach, FL 33413-3018
T	Dan Blake	3646 Victoria Drive	West Palm Beach, FL 33406-4701
T	James Clark Sr	105 C Highpoint Blvd.	Delray Beach, FL 33445

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.

SIGNATURE: **Joseph E. Izzarone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/2001 (561) 585-4103

Date

Daytime Phone #