

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 12 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716809

1. Corporation Name

Mu Phi Housing, Inc.

2. Principal Office Address

8815 Wesleyan Road

Suite, Apt. #, etc.

City & State

Indianapolis, Indiana

Zip

46268

Country

USA

3. Mailing Office Address

8815 Wesleyan Road

Suite, Apt. #, etc.

City & State

Indianapolis, Indiana

Zip

46268

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1969

5. FEI Number

43-0769468

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

9/10/2003

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&Dir	Philip H. Cohen	30 Beekman Place, #7-C	New York, New York 10022
VP&Dir	Stanford Odesky	4719 Rose Glenn	Toledo, Ohio 43615
S&Dir	Sidney N. Dunn	8815 Wesleyan Road	Indianapolis, Indiana 46268
T&Dir	A. Edward Scherer	701 El Berro	San Clemente, California 92672
Dir	Paul Aronin	1221 Wood Hollow Lane	Marietta, Georgia 30067

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:

Sidney N. Dunn, Secretary

9/3/03

317-876-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)