

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -3 PM 1:53

STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728040

1. Corporation Name

Alpha Omega Foundation of Zeta Beta Tau Fraternity, Inc.

2. Principal Office Address - No P.O. Box # 113 Almeria Ave.		3. Mailing Office Address 113 Almeria Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-0817798	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Norman M. Waas, Esquire		
Street Address (P.O. Box Number is Not Acceptable) 113 Almeria Avenue		
Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4/28/07
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
Trustee	Brian Kushner	3140 Virginia St.	Coconut Grove, FL 33133
Trustee	Jeffrey Zirulnick	12705 SW 94 Ct.	Miami, FL 33176
Trustee	Fred Levinson	2270 SW 102 Dr.	Davie, FL 33324
Trustee	Norman M. Waas	113 Almeria Ave.	Coral Gables, FL 33134

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 contained in Chapter 119, 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:	305-447-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #