

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 21 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743673

1. Corporation Name

Tau Kappa Epsilon of Coral Gables, Incorporated

2. Principal Office Address

1413 SE 4 Street

Suite, Apt. #, etc.

#2

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

P.O. Box 2267

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33303

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 21, 1978

5. FEI Number

591871488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Troy N. Moslemi

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

215 SW 17 Avenue

Suite, Apt. #, Etc.

Suite 205

City

Miami

State

FL

Zip Code

33135

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 9, 2002

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/D	Charles M. Ritchie	1413 SE 4 Street #2	Ft. Laud. FL 33301
V/D	Troy N. Moslemi	215 SW 17-Avenue-Suite 205	Miami FL 33135
T/D	Kengkaj Sukcharoenphon	8951 SW 72 Street #204	Miami FL 33173
D	Jeremy Bernauer	9151 SW 138 Place	Miami FL 33186
D	Guillermo Vildosola III	7843 SW 162 Place	Miami FL 33193

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.

954-763-4991

SIGNATURE:

Charles M. Ritchie

Charles M. Ritchie, President June 9, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9/01)

js 6/25/02