

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 15 PM 3:52

DOCUMENT # 744392

1. Corporation Name

Gamma Omicron Chapter of Alpha Omicron Pi Co

800160669978
09/15/09--01012--004 **420.00

KS

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #

819 W. Panhellenic Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32601

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1978

5. FEI Number
596169190

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

Sheada Madani, Esquire

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

38738 Meridian Avenue

Suite, Apt. #, Etc.

Suite 100

City

Dade City

State
FL

Zip Code
33525

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

Sheada Madani
REGISTERED AGENT MUST SIGN

Date 09/09/2009

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
D	Julie Taube OK	819 W. Panhellenic Drive	Gainesville, FL 32601
VPD	Nancy Niblack	2059 NW 21st Lane	Gainesville, FL 32607
PD	Pam Bourg, President	13720 NW 39th Avenue	Gainesville, FL 32606

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:

Pamela Bourg
Pamela Bourg
Julie Taube

9/11/09

352 219-8998

352-339-5608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #