

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR 15 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

747124

1. Corporation Name

Sigma Alpha Chapter of the Omega Psi Phi Fraternity, Inc.

200030467352

03/15/04--01033--014 \*\*1408.75

2. Principal Office Address

15600 NW 42 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33054

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05-09-1979

5. FEI Number

27-0068135

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

Christopher E. Benjamin

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

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 510

City

Miami

State

FL

Zip Code

33130

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 03-09-04

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
Pres.	Richard T. Fisher	1550 NW 143 Street	Miami, Florida 33167
Vice-Pr	Christopher E. Benjamin	19 West Flagler Street, Suite 510	Miami, Florida 33130
Sec	Leslie Gamble	16810 NW 20th Avenue	Opa Locka, Florida 33056
Trea	Paul Wellons	18555 NW 38th Avenue	Opa Locka, Florida 33055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER BENJAMIN

Date

03-09-04

305-416-9340

Daytime Phone #

CR2081 (01/04)