
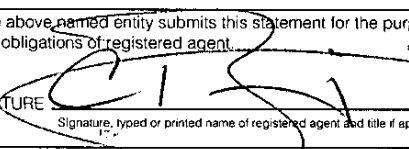
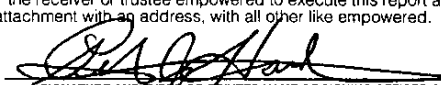


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 23 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 747124</b> 1. Entity Name SIGMA ALPHA CHAPTER OF THE OMEGA PSI PHI FRATERNITY, INC.					
Principal Place of Business 15600 N W 42 AVE MIAMI, FL 33054			Mailing Address 15600 N W 42 AVE MIAMI, FL 33054		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address PO BOX 680577			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 27-0068135	
Zip 33168		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BENJAMIN, CHRISTOPHER E 19 WEST FLAGLER ST STE 510 MIAMI, FL 33130			7. Name and Address of New Registered Agent  BARRISTER LAW OFFICES, P.A. 610 NW 183 STREET SUITE 202 MIAMI GARDENS FL 33169		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE 5/1/06			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME FISHER, RICHARD T STREET ADDRESS 1550 N W 143 ST CITY-ST-ZIP MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete		TITLE P NAME PETER J. HARDEN STREET ADDRESS 15600 NW 42 AVENUE CITY-ST-ZIP MIAMI, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BENJAMIN, CHRISTOPHER STREET ADDRESS 19 WEST FLAGLER ST STE 510 CITY-ST-ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete		TITLE VP NAME HERMAN PRATT STREET ADDRESS 15600 NW 42 AVENUE CITY-ST-ZIP MIAMI, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GAMBLE, LESLIE STREET ADDRESS 16810 N W 20TH AVE CITY-ST-ZIP OPA LOCKA, FL 33056	<input checked="" type="checkbox"/> Delete		100075971061 06/08/06-01006-014 ***122.50		
TITLE T NAME WELLONS, PAUL STREET ADDRESS 18555 N W 38TH AVE CITY-ST-ZIP OPA LOCKA, FL 33055	<input checked="" type="checkbox"/> Delete		TITLE T NAME MICHAEL SMITH STREET ADDRESS 15600 NW 42 AVENUE CITY-ST-ZIP MIAMI, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					