

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 14 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760520

1. Corporation Name

PI NU CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

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

10965BSW 175th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 570507

Suite, Apt. #, etc.

City & State

Miami, FL 33157

City & State

Miami, FL 33157-0507

Zip

33157

Country

U.S.

Zip

33157-0507

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1981

5. FEI Number

59-2110000

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

Willie L. Carpenter

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

10965 SW 175th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Willie Carpenter

REGISTERED AGENT MUST SIGN

Date 5/11/10

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	Robert Parson	19702 SW 117th Court	Miami, FL 33177
V	Jeffrey King	2990 SW 30th Court	Miami, FL 33133
S	Chester E. Fair, Jr.	14741 Pierce Street	Miami, FL 33176
T	Roderick Beasley	1053 SW 146th Terrace	Pembroke Pines, FL 33027

REINSTATEMENT

RH

10. E-mail Address: pinu_krs@att.net

(To be used for future annual report notification)

11. 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. I further certify 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:

Willie Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/10

Date

305-231-2777

Daytime Phone #