

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 21 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 764906

1. Corporation Name

Iota Omicron Zeta Chapter OF Zeta Phi Beta Sorority Inc

2. Principal Office Address

P. O. Box 0614

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

3. Mailing Office Address

P. O. Box 0614

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

**REINSTATEMENT**

98-04

200031761022

04/05/04--01003--029 \*\*489.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1980

5. FEI Number

53-0261012

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

Lawanda E. Harper

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

158 S. Flame Avenue

Suite, Apt. #, Etc.

City

Pahokee

State

FL

Zip Code

33476

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

*See below*

Date 1/16/2004

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
P	Lawanda E. Harper	158 S. Flame Avenue	Pahokee, FL 33476
VP	Robbie M. Everett	331 E. 2nd Street	Pahokee, FL 33476
S	Artisha Williams	545 SW 6th Street	Belle Glade, FL 33430
T	Jessie P. Terry	1136 Sonata Way	Royal Palm Beach, FL 33411
D	Clarice T. Davis	518 SW 2nd Street	Belle Glade, FL 33430

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:

*Lawanda E. Harper*

Lawanda E. Harper

1/16/2004

561-924-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)