

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # 768092

1. Corporation Name

ALPHA OMEGA FOUNDATION CORP. OF
ALPHA TAU OMEGA FRATERNITY

2. Principal Office Address

207 SW 13 Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601-6321

Country

USA

3. Mailing Office Address

P. O. Box 1616

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607-1616

Country

USA

REINSTATEMENT 99-04
MPD

**4. Date Incorporated or Qualified
- To Do Business in Florida**

4/21/1983

5. FEI Number

59-2924480

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

Roger N. Swanger, CPA

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

James Moore & Co. P.L.

Suite, Apt. #, Etc.

620 NW 16th Avenue

City

Gainesville

State

FL

Zip Code

32601-4034

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

Roger N. Swanger

REGISTERED AGENT MUST SIGN

Date

4/25/04

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/C/P	James D. Henry	302 NW 6th Street	Gainesville, FL 32601
D	Frank J. Maturo, Jr.	3010 N.W. 9th Place	Gainesville, FL 32605
D/S	Harold F. McCart, Jr.	1000 Riverside Ave., Ste. 111	Jacksonville, FL 32204

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:

Harold F. McCart, Jr.

Harold F. McCart, Jr.

Secretary

4/29/2004

904-354-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)