PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 97-00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768858

1. Corporation Name

Delta Zeta of Delta Tau Delta, Inc.

W000-6857

REINSTATEMENT 97-00

2. Principal Office Address	**3.** Mailing Office Address
1926 W University Ave.	P. O. Box 113
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Gainesville, FL	Gainesville, FL
Zip / Country	Zip / Country
32603 / USA	32602 / USA

4. Date Incorporated or Qualified To Do Business in Florida 6-9-83

SP

5. FEI Number 23-7044651 ☐ 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: William Emerson

Street Address (P.O. Box Number is Not Acceptable): 110 NW 2nd Ave.

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32601

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****420.00 ****420.00

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 X [signature] Date 3-9-2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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/D	Roy W. Huntsman	2605 NW 5th Place	Gainesville, FL 32606
VP/D	Raymond O. Manusco, Jr.	2071 NW 21st Lane	Gainesville, FL 32605
T/D	James Smith	3501 NW 30th Blvd.	Gainesville, FL 32605
S/D	William Emerson	110 NW 2nd Ave.	Gainesville, FL 32601

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: X [signature] 3-9-2000 352-372-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #