

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 JUL 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

770162

1. Corporation Name

ETA PHI CHAPTER ALUMNI ASSOCIATION, INC.

2. Principal Office Address

640 N Semoran Blvd.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32807

Country

USA

3. Mailing Office Address

640 N Semoran Blvd.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32807

Country

USA

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

09/09/1983

5. FEI Number

59-2983461

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

Christopher L. Kozlowski

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

640 N Semoran Blvd.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32807

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

REGISTERED AGENT MUST SIGN

Date 7/03/2001

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
DIR	Christopher Kozlowski	640 N Semoran Blvd.	Orlando, Florida 32807
DIR	Brian T. Ahearn	300 S Orange Ave. Ste 975	Orlando, Fl. 32801
DIR	MICHAEL HAMMERT	640 N. SEMORAN BLVD	ORLANDO, FL 32807

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/03/2001

(407) 381-4432

MW

CR2E081 (8/00)