

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 30 AM 11:45

DOCUMENT # M05000001015

1. Limited Liability Company's Name

Delta Delta Delta NHC-Florida State University
(Alpha Eta Chapter) L.L.C..

500157981065
06/30/09--01015--003 **555.00

CR2E041 (10/08)

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

2331 Brookhollow Plaza Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arlington, TX

City & State

Zip

76006

Country

USA

Zip

Country

4. State/Country of Formation

Oklahoma

5. Date Organized or Qualified

To Do Business in Florida 02/25/2005

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State
FL

Zip Code

33331

☒ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Tanya Dietrich

REGISTERED AGENT MUST SIGN

Tanya Dietrich, Asst. Secy.

Date

6/22/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Delta Delta Delta Park St. Properties	2331 Brookhollow Plaza Dr.	Arlington, TX 76006

REINSTATEMENT 2006 - 2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Cari F. Cook

Date

6/19/09

Daytime Phone #

817-633-8001

Typed or printed name of signing Managing Member/Manager Cari F. Cook

T. Hampton JUL - 1 2009

NATIONAL

Corporate Services, LLC

June 22, 2009

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: DELTA DELTA DELTA NHC-FLORIDA STATE UNIVERSITY (ALPHA ETA CHAPTER) L.L.C.

Dear Filing Officer:

Please file the attached Reinstatement Application for the referenced company.
Enclosed please find a check for the requisite fees. Please return evidence of filing to
my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the
undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,



Tanya Dietrich
Senior Corporate Specialist

Encl.