

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900130261189

05/27/08--01005--029 **481.25

CR2E081 (12/07)

DOCUMENT # N01080002483

1. Corporation Name

UPSILON XI CHAPTER, INC.

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

1395 E. MAGNOLIA Street

3. Mailing Office Address

P.O. Box 91492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, Florida

City & State

Lakeland, Florida

Zip

33830

Country

POLK

Zip

33804

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0676538

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

Leo E. Longworth

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

1395 E. Magnolia Street

Suite, Apt. #, Etc.

City

Bartow,

State

FL

Zip Code

33830

☐ The 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 reinstatement
fee be waived.

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

Leo E. Longworth

Date 5-5-08

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
B/P	BILLY DEE WASHINGTON	529 LINCOLN AVENUE	Lake Wales, FL 33853
VB/VP	Jerome K. Corbett	1100 Lowry Avenue. Unit 65	Lakeland, FL 33801
KRS/ S	Dexter Brown	6237 Ashley Drive	Lakeland, FL 33813
KF/ F	Tim James	7464 Hunters Greene Circle	Lakeland, FL 33810

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 contained in Chapter 119, 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

5/12/2008

Daytime Phone #

863-370-0741