

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000006700**

1. Corporation Name

**GAMMA CHAPTER OF CHI OMEGA, INC.**

Principal Place of Business

**661 WEST JEFFERSON ST.  
TALLAHASSEE FL 32304**

Mailing Address

**661 WEST JEFFERSON ST.  
TALLAHASSEE FL 32304**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/20/2001**

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	THOMPSON, HEATHER	611 WEST JEFFERSON ST.	TALLAHASSEE FL 32304
VD	ECKERLY, LAUREN	611 WEST JEFFERSON ST.	TALLAHASSEE FL 32304
STD	KILEY, JAMIE	611 WEST JEFFERSON ST.	TALLAHASSEE FL 32304
PD	Miller, Beth	661 W. Jefferson St.	Tallahassee, FL 32304
VD	Polovina, Rachel	661 W. Jefferson St.	Tallahassee, FL 32304
STD	O'Donniley, Katherine	661 W. Jefferson St.	Tallahassee, FL 32304

8. Name and Address of Current Registered Agent

**BUNCH, DEAN  
2282 KILLEARN CENTER BLVD.  
TALLAHASSEE FL 32309**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Katherine O'Donniley**

Date

Daytime Phone #

**850-321-4214**

**11/20/02**



**900009315369**  
12/03/02--01042--004 \*\*61.25

FILED

02 DEC -3 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2ED40 (8/02)

Gamma Chapter of Chi Omega  
661 W. Jefferson St.  
Tallahassee, FL 32304

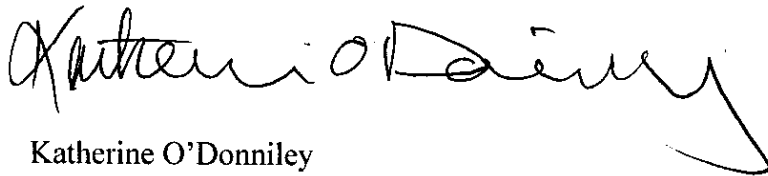
December 1, 2002

To Whom It May Concern:

Enclosed please find the reinstatement fee of \$61.25. Unfortunately, due to the somewhat happenstance means by which our mail is distributed upon arrival, I did not receive the original notice in a timely fashion. Thus my response has been untimely. I have included the 2001-2002 officers on the reinstatement application along with the check and this letter of explanation, as requested in the Department of State's telephone automated instructions.

I apologize for any inconvenience. Please call me with any questions at 850-321-4214 or via email at [Kat1623@aol.com](mailto:Kat1623@aol.com).

Thank you,

A handwritten signature in cursive script, appearing to read "Katherine O'Donniley". The signature is written in dark ink and is positioned above the printed name.

Katherine O'Donniley  
Chi Omega Treasurer