

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 31 PM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

001749

1. Corporation Name

Phi Gamma, Inc.

Principal Place of Business

Mailing Address

14 Fraternity Row
Gainesville, FL 32603

W 00000 001212

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
8815 Wesleyan Road

4. Date Incorporated or Qualified
To Do Business in Florida

1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

43-0769468

Applied For

Not Applicable

City & State

City & State

Indianapolis, IN

Zip

Country

Zip

Country

46268

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)

000003130410-8

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
C.B.	Philip H. Cohen D	30 Beekman Pl., #7-C	New York, NY 10022
Pres.	Bruce Singer D	6461 Pinetree Dr.	Miami Beach, FL 33141
V.P.	Edward D. Gold D	3600 Brookside Drive	Bloomfield Hills, MI 48304
Sec.	Sidney N. Dunn D	8815 Wesleyan Rd.	Indianapolis, IN 46268
D	A. Edward Scherrer D	701 El Berro	San Clemente, CA 92672
D	Richard Stein D	1669 Marshall Dr.	Des Plaines, IL 60018

8. Name and Address of Current Registered Agent

~~STATEMENT~~ 95-00
Harry B. Smith
701 Brickell Ave., #1900
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: Howard Lidsky
Street Address (P.O. Box Number is Not Acceptable):
Law Offices of Eilon Krugman-Kadi
Suite, Apt. #, Etc.:
824 E. University Avenue
City: Gainesville State: FL Zip Code: 32601

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date January 3, 2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/99

Date

317-876-1913

Daytime Phone #

CR2E08 (12/98)