PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 30 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005941

1. Corporation Name

NU ETA LAMBDA CHAPTER OF ALPHA PHI ALF

REINSTATEMENT 05-09

03/30/09--01048--006 **306.25
000147979480
03/30/09--01048--006 **306.25

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1219 NE 37th Place		P.O. Box 178	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Gainesville, Florida		Gainesville, Florida	
Zip	Country	Zip	Country
32609	Alachua	32602	Alachua

4. Date Incorporated or Qualified To Do Business in Florida 08/05/2002

5. FEI Number 522371916 ☐ 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: Watson W. Louidor

Street Address (P.O. Box Number is Not Acceptable): 1219 NE 37th Place

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32069

☑ 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 _____ Date 03/28/09

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
DP	MARVIN COHEN	4229 NW 43RD ST. APT O-115	Gainesville, Florida 32606
DV	WATSON LOUIDOR	1219 NE 37th Place	Gainesville, Florida 32609
DT	ADRIAN ALLEN	6406 NW 39TH TERRACE	Gainesville, Florida 32653

09/3/31

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., and all fees owed by the corporation have been paid and that [illegible] on this application is true and accurate. I understand my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Watson W. Louidor 03/28/09 305-318-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #