PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 14 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/05--01051--005 **490.00

DOCUMENT # N02968

1. Corporation Name

Beta Tau Zeta Chapter Of
Zeta Phi Beta Sorority, Incorporated

2. Principal Office Address		**3.** Mailing Office Address	
1743-1749 NW 54th Street		3459 Percival Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33142	United States	33133-5040	United States

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/1984

5. FEI Number: 521345295 ☐ 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: Brenda S. Williams

Street Address (P.O. Box Number is Not Acceptable): 16820 NW 20th Avenue

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33056

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: Brenda S. Williams — REGISTERED AGENT MUST SIGN — Date: 04/11/2005

CR2E081 (01/04)

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
P/D	Brenda S. Williams	16820 NW 20th Avenue	Miami, Florida 33056
VP/D	Josephine Davis-Rolle	740 NW 168th Drive	Miami, Florida 33169
VP/D	Annie B. Baker	3802 Oak Avenue	Miami, Florida 33133
S/D	Acquanette B. Buggs	1920 NW 191st Terrace	Miami, Florida 33056
T/D	Dorothy P. Lee	3459 Percival Avenue	Miami, Florida 33133
C/D	Jeanette Y. Tullis	19011 NW 23rd Couet	Miami, Florida 33056

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 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: Dorothy P. Lee — DOROTHY P. LEE — 4/12/05 — 305-448-9501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #