PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMEN	(C)	;	Secretary	MENT OF of State RPORATIONS	STATE		13 FEB 2	5 AM 5	13	
DOCUMENT # N03123 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
GAMMA RHO ZETA CHAPTER INC							REINSTATEMENT				
'	al Office Address - N 13TH A	Office Address BOX 1255					~ # <u>(</u>	71-1			
Suite, Apt. #, etc. Suite, Apt.							CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida				
					O, FL		05/11/1984 5. FEI Number 59-6178			Applied For Not Applicable	
3420	'			34220 Country US			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent Name											
BEVERLY BRYANT Street Address (P.O. Box Number is Not Acceptable) 1614 13TH AVE EAST							100243675661 01/15/1301015012 **1583.75				
Suite, Apt. #, Etc.							ي المناز مناز مناز مناز مناز مناز مناز مناز				
BRAI	DENTON	FL 34208			02/2	00243 6/130100	1007	**78.88			
8. I, being appointed the agistered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT								Date 1/8/13			
	s and Street Addres	ses of Each Officer and	Vor Director (Fl	orida nonprofi			ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
Р	SYL	VIA KEL	LY	2501	5TH .	AVE	EAST	PALME	TTO, I	FL 34221	
1STVP	VANZE	TTA THO	MAS	2802	10TH	AVE	EAST	PALME	TTO, I	FL 34221	
2ND VP	RUT	H JENKI	NS	6267	38TH	1 ST	EAST	BRADE	NTON,	FL 34203	
3RD VP	SHA'	YLA KEL	.LY	11523	84TH S	T CIR.	E. # 105	PARRI	SH, F	L 34219	
S	DEBORA	AH STEVE	NSON	1202	27TH	1ST	EAST	BRADE	VTON,	FL 34208	
T	BEVE	RLY BRY	ANT	1614	13TH	AVE	EAST	BRADE	NTON,	FL 34208	
10. E-mail Address: www.zetaonedove@aol.com (To be used for future annual report notification)											
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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of Sate Constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 1/8/13 941-748-6290 Daytime Phone >											

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