

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 4:07

DOCUMENT # N05000001191

1. Corporation Name

Epsilon Delta Chapter of Phi Beta Sigma
Fraternity, Inc.

2. Principal Office Address - No P.O. Box #

1706 NE PH ST

Suite, Apt. #, etc.

D

City & State

Homestead, FL

Zip

33033

Country

USA

3. Mailing Office Address

P.O. Box 162405

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33116-2405

Country

USA

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

000171598230

11/20/09 01021 002-245.0

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

1914

5. FEI Number

51-0672605

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

Riley S. Searcy

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

490 NE 131st St

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33161

☒ 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.

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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

Riley S. Searcy

REGISTERED AGENT MUST SIGN

Date

3/4/10

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	Ralph Ferguson III	1228 Dickinson Dr #42A	Coral Gables, FL 33146
V	Terry Walker	1228 Dickinson Dr #42A	Coral Gables, FL 33146
T	DONAVIN Smith	790 NE 128th St #301	Miami, FL 33161
S	Brian Smith	1101 Stanford Circle	Coral Gables, FL 33146
Adv	Garry Gordon	1706 NE 8th St #D	Homestead, FL 33033

10. E-mail Address: umiamisigmas@gmail.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 607.0401 or 617.0401, F.S., 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.

SIGNATURE:

DONAVIN Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. MILLIGAN
EXAMINER

Daytime Phone #