


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000003759	
1. Entity Name APOLLODORUS ALUMNI ASSOCIATION, ALPHA RHO CHI FRATERNITY, INC.	

Principal Place of Business 231 ARCH, UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611	Mailing Address 231 ARCH, UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
FALLON, BRIAN 12143 BABBLING BROOK DR JACKSONVILLE, FL 32225	

FILED

2007 DEC 13 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

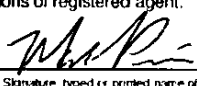


12112007 REIN-NP CR2E099 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name Manuel Perez	
Street Address (P.O. Box Number is Not Acceptable) 8219 Solano Bay Loop Apt 1017	
City Tampa	FL Zip Code 33635

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MANUEL PEREZ** 12/11/07

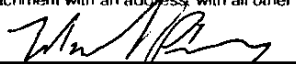
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, DANIEL 1202 CARTNEY CHASE CIR., APT 931 ORLANDO, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, ERIK 2000 PEARL ST AUSTIN, TX 78705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLON, AMY 12143 BABBLING BROOK DE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMARTINI, ALEX 13282 LONG CYPRESSTAIL JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, MANUEL 8219 SOLANO BAY LOOP APT 1017 TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, KIRSTEN 8219 SOLANO BAY LOOP APT 1017 TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, CHRIS 102 POPPY COURT KISSIMMEE, FL 34734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALL, JAMES 207 NW 17TH STREET APT 404 GAINESVILLE, FL 32603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **MANUEL PEREZ** 12/11/07 352-275-4007

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

REINSTATEMENT 2007