

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Alpha Omega Psi Fraternity Inc.

NO6000003074

REINSTATEMENT 01-09
2/2/09

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

3105 E 17th Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33605

Country

U.S.A.

3. Mailing Office Address

3105 E 17th Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33605

Country

U.S.A.

000143708940
02/16/09--01047--009 **358.75
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2006

5

NONE

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 Dorelus

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

3105 E 17th Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip

33605

☐ 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

Watson Dorelus

REGISTERED AGENT MUST SIGN

Date 2/13/09

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
President	Watson Dorelus	3105 E 17 th Ave.	Tampa / FL / 33605
Vice President	Jon Dengler	908 E Lake Ave	Tampa / FL / 33605
Secretary	Ryan Polonio	2003 N Mitchell Ave.	Tampa / FL / 33602
Treasurer	Jake Power	2917 W Ivy St.	Tampa / FL / 33607

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 contained in Chapter 119, 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: Watson Dorelus Watson Dorelus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/09
Date

813-992-5654
Daytime Phone #