


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10 SEP 23 AM 8:44

DOCUMENT # N06000012722

1. Corporation Name
 SIGMA PHI EPSILON FL XI ALUMNI VOLUNTEER CORPORATION

600185801876 **KS**
 09/23/10--01041--003 **428.75
REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box # 7955 Picklewood Park Dr.		3. Mailing Office Address 7955 Picklewood Park Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33437	Country USA	Zip 33437	Country USA

4. Data Incorporated or Qualified To Do Business in Florida 7/1/2010

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Stephen P. Orchard

Street Address (P.O. Box Number is Not Acceptable)
 127 NE 2nd Ave

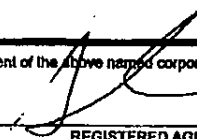
Suite, Apt. #, Etc.

City
 Delray Beach

State
 FL

Zip Code
 33444

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent  Date 7/6/10

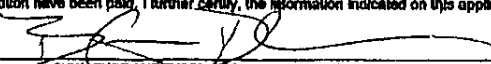
REGISTERED AGENT MUST SIGN

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	Ben Dickinson	1212 SW 46th Ter.	Deerfield Beach, FL 33442
VP	Nathan Custodio	1209 S. Oleander St.	Longwood, FL 32750
VP	David Haycock	7955 Picklewood Park Dr.	Boynton Beach, FL 33437
Chapter Counselor	Joseph Baird	260 SE Mizner Blvd #612	Boca Raton, FL 33432
T	Michael Miele	260 SE Mizner Blvd #612	Boca Raton, FL 33432

10. E-mail Address: sigep108@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:  Date 8.10.10 954 234-4670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #