

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06162

1. Corporation Name

FLORIDA MU ALUMNI ASSOCIATION, INC.

REINSTATEMENT 96-04

200032277492
04/09/04--01056--024 **726.25

2. Principal Office Address
4400 GREEK CT

3. Mailing Office Address
4400 GREEK CT

Suite, Apt. #, etc.

ATTN: ALUMNI BOARD

Suite, Apt. #, etc.

ATTN: ALUMNI BOARD

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32816

Country

USA

Zip

32816

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/14/1984

5. FEI Number
592752546

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
MICHAEL OKATY C/O FOLEY & LARDNER LLP

Street Address (P.O. Box Number is Not Acceptable)
111 NORTH ORANGE AVE

Suite, Apt. #, Etc.
1800

City
ORLANDO

State
FL

Zip Code
32801

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

REGISTERED AGENT MUST SIGN

Date 3/3/04

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	Pat Knisel	2707 E. marks st	Orlando, FL 32803
T	William Freyer	3905 Boholink LN	Orlando, FL 32803
S	Brian Leiss	4151 Forest Island Drive	Orlando, FL, 32826

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 under section 119.07(3)(i), 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:

William C. Freyer 3/3/04 (407) 822-2946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)