

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002484

FILED
Oct 28, 2008
Secretary of State

Entity Name: OMEGA PSI PHI FRATERNITY, Upsilon PSI CHAPTER, INC.

Current Principal Place of Business:

902 SOUTH LIPONA
TALLAHASSEE, FL 32304

New Principal Place of Business:

833 LIBERTY ST
TALLAHASSEE, FL 32310

Current Mailing Address:

P.O. BOX 2801
TALLAHASSEE, FL 323162801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, BRIAN
4040 N.W. 4TH AVE
BOCA RATON, FL 33431 US

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.

SIGNATURE: BRIAN HARRIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, BRIAN
Address: 4040 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: DALY, RICHARD
Address: 902 S. LIPONA
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: CASTRO, DAVID C II
Address: 4309 W ATLANTIC BLVD APT. #909
City-St-Zip: COCONUT CREEK,

Title: D () Delete
Name: EWING, STEVEN
Address: 2523 W. ATKINSON AVE
City-St-Zip: MILWAUKEE, WI 53209

Title: D () Delete
Name: HAND, ATO
Address: 2709 BEDFORD WAY
City-St-Zip: TALLHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN HARRIS

D

10/28/2008

Electronic Signature of Signing Officer or Director

Date