

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 19 PM 1:39

DOCUMENT # N07000010092

1. Corporation Name

The House of the Epsilon Omega Zeta of Iambda Chi Alpha Fraternity, Incorporated

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

5900 San Amaro Drive

Suite, Apt. #, etc.

3. Mailing Office Address

5900 San Amaro Drive

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2007

5. FEI Number

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

Brian M. Silverio, Esq.

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

150 West Flagler Street

Suite, Apt. #, Etc.

Museum Tower, PH 2850

City

Miami

State

FL

Zip Code

33130

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 07/12/2010

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
D	Brian M. Silverio	150 West Flagler street, PH 2850	Miami, FL 33130
D	Brian Seits	2555 Ponce de Leon Blvd.	Coral Gables, FL 33134
D	Alan Cross, Jr	1700 Ponce de Leon Blvd.	Coral Gables, FL 33134
D	Freddy Stebbins	5700 SW 45th Street	Miami, FL 33155
D	Danies Quezada	11450 SW 105th Terrace	Miami, FL 33176

10. E-mail Address: bsilverio@silveriohall.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:

07/12/10

305-371-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #