

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14786**

1. Corporation Name

Sigma Alpha Epsilon Florida Epsilon Chapter, Inc.

2. Principal Office Address

4321 Greek Park Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32816

Country

USA

3. Mailing Office Address

4321 Greek Park Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32816

Country

USA

REINSTATEMENT **95-05**
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/7/1986

5. FEI Number

23-7317601

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

Mike Hess, CPA

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

2876 Old Castle Drive

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

300047923853
03/08/05--01016--005 **841.75

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

Mike Hess

Date

2/11/05

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	Pete Lazzaro	4321 Greek Park Drive	Orlando, FL 32816
V	Terry Tullis	4321 Greek Park Drive	Orlando, FL 32816
V	David Sugar	4321 Greek Park Drive	Orlando, FL 32816
T	Hadi Fakhoury	4321 Greek Park Drive	Orlando, FL 32816
S	Steven Wittman	4321 Greek Park Drive	Orlando, FL 32816
D	Stuart Zoock	729 Minerva Lane	Lake Mary, FL 32746

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:

P. Lazzaro Peter Lazzaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

Date

407947 6120

Daytime Phone #

CR2E081 (01/05)