

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2008 MAR 11 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/14/08--01026--014 \*\*297.50

**REINSTATEMENT 07-08**  
CR2E08 (2007)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N15424

**1. Corporation Name**  
Zeta Tau Zeta of Lambda Chi Alpha Alumni Association and Housing Corporation

<b>2. Principal Office Address - No P.O. Box #</b> 124 Annie Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 2265 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806	Country	Zip 32802	Country

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

**5. FEI Number** 59-0155620  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  
Robert L. Daniels, Jr.

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

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32806

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 Robert L. Daniels, Jr. Date 2/19/08

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/D	Tony Schroeter	1140 Lemonwood Dr.	DeLand, FL 32724
T/D	Bob Daniels	124 Annie Street	Orlando, FL 32806
V/D	Rob Lucas	435 SE 12th Place	Vero Beach, FL 32962
S/D	Pete Suarez	433 Daroco Avenue	Coral Gables, FL 33146
D	Charles Mulfinger	3416 Almeria Avenue	Tampa, FL 33629
D	GA Mitcheson	1726 Follow Thru Rd. N.	St. Petersburg, FL 33710
D	Luis Prats	8103 Siquita Dr. NE	St. Petersburg, FL 33702

**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 contained in Chapter 119, 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.

Robert L. Daniels, Jr., Treasurer/Director

**SIGNATURE:** Robert L. Daniels, Jr. Date 2/19/08 407-221-4454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #