

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N19936

1. Corporation Name

CHI OMEGA HOUSING CORPORATION

Principal Place of Business

Mailing Address

1503 NW 52ND TERR
1910 N.W. 23RD TERRACE
GAINESVILLE FL 32605
US

1503 NW 52ND TERR
1910 N.W. 23RD TERRACE
GAINESVILLE FL 32605
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1503 NW 52nd Terrace
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1503 NW 52nd Terrace
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
04/02/1987

City & State
Gainesville, FL
Zip 32605 Country US

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Gainesville, FL
Zip 32605 Country US

5. FEI Number
59-6135388
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ANDREWS, DOBIE PATRICK, SHERRY	807 N.W. 42 Terrace 2210 NW 23RD TERR	GAINESVILLE FL 32605
VD	ALSOBROOK, ELIZABETH P. OLINGER, SANDRA	4914 SW 95 Terrace 1620 N.W. 20TH WAY	GAINESVILLE FL 32608
TD	OSMUN, MARTHA W	1503 NW 52ND TERR	GAINESVILLE FL 32605
SD	PAGE, JANE	352 NW 48TH BLVE	GAINESVILLE FL 32605

8. Name and Address of Current Registered Agent

OSMUN, MARTHA W
1503 NW 52ND TERR
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Martha W. Osmun
REGISTERED AGENT MUST SIGN

Date 10/20/99

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 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: Martha W. Osmun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99 352-375-7249
Date Daytime Phone #

KE

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October 20, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find our Application for Reinstatement. I just discussed our situation with Michelle Milligan of your agency who informed me that the reason I have not been getting any notices from you is due to an incorrect address on your system which you updated incorrectly a year ago.

You will note the strange address situation by viewing the former "place of business" and "mailing address" blocks on our form. I have corrected your wrong address in blocks (2) and (3). Ms. Milligan instructed me to forward the renewal fee of \$61.25 to you. She assured me that you would waive any penalties as the mistake was on your part.

Thank you for your cooperation and please let me know if you have any questions.

Sincerely,



Martha W. Osmun
Treasurer, Chi Omega Housing Corporation
(352) 375-7249