

N21000006747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

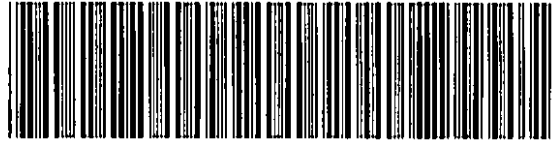
(Business Entity Name)

(Document Number)

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JUL 16 2021
S. YOUNG

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Eta Gamma Psi Sorority, Incorporated
DOCUMENT NUMBER: N21000006747

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrietta R. Howard
Name of Contact Person

Fifty/Company

1007 White's Crossing Rd
Address


Holly Springs, MS 38635

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrinetta R. Howard at 901, 870 3033
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed ~~is~~ a check for the following amount:

☒ \$35 Filing Fee  ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Eta Gamma Psi
Scrinity, Incorporated

SECOND: The document number of the corporation (if known) is _____

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 7/15/2021
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The revocation of dissolution was authorized on 7/15/2021

FIFTH: Adoption of revocation of dissolution (check one)

☒ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.

☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

☐ The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature Andrinetta R Howard
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name Andrinetta R Howard

Title Incorporator/Founder, Vic-President

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FILING FEE \$35