

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 34138**

1. Corporation Name

Gamma Lambda of Sigma Delta Tau, Inc.

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

714 Adams Street

Suite, Apt. #, etc.

City & State

Carmel, Indiana

Zip

46032

Country

USA

3. Mailing Office Address

714 Adams Street

Suite, Apt. #, etc.

City & State

Carmel, Indiana

Zip

46032

Country

USA

7. Name and Address of Current Registered Agent

Name

Marissa Gottfried

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

2197 Hacienda Terrace

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

Marissa Gottfried

REGISTERED AGENT MUST SIGN

Date **11-29-10**

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	Karen Braverman	484 South Parkway	Clifton, NJ 07014
VP/D	Randi Siegel	11674 Manhasset Drive	Dunwoody, GA 30338
S/T/D	Elizabeth Sesler	4207 Beech Avenue	Erie, PA 16508
D	Amanda Karoff	2337 Iroquois	Glenview, IL 60025
D	Amy Krouse	13219 Wrenn House Lane	Herndon, VA 20171

REINSTATEMENT 1998-2010

10. E-mail Address:

nationaloffice@sigmadeltatau.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:

Karen Braverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/10 973-779-1176
Daytime Phone #

FILED
10 DEC -9 AM 10:50

800188506208
12/08/10--01020--008 **1347.50

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

9/8/89

5. FEI Number

35-1789771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

S. HAWKES

DEC 09 2010

EXAMINER