

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 29 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34856**

1. Corporation Name

The TKE-Xi Iota Housing Corporation

2. Principal Office Address

Office of Student Activities

Suite, Apt. #, etc.

UCF PO Box 163245

City & State

Orlando Florida

Zip

32816

Country

USA

3. Mailing Office Address

Office of Student Activities

Suite, Apt. #, etc.

UCF PO Box 163245

City & State

Orlando Florida

Zip

32816

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1989

5. FEI Number

650198769

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

Todd Macaluso

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

2216 Pine Park Trail Apt. 2714

Suite, Apt. #, Etc.

2714

City

Orlando

State

FL

Zip Code

32817

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

[Signature]
Macaluso

REGISTERED AGENT MUST SIGN

Date

5/21/01

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
D	Orlando Jose Avila	7427 Gatehouse Circle Apt 198	Orlando/FL/32807
D	Alex Rudloff	3400 W. Riverside Dr	Indian Creek/FL/32903
D	Todd Macaluso	2216 Pine Park Tr. Apt 2714	Orlando/FL/32817

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:

[Signature] **Macaluso** **Todd Macaluso**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/01

Daytime Phone #

(407) 482-1995