PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39098

1. Corporation Name

Omega Psi Phi Educational and Benevolent Fund Inc.

REINSTATEMENT 02-07

2. Principal Office Address	**3.** Mailing Office Address
P O Box 100018	P O Box 100018
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33310 Country: Broward	Zip: 33310 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 2-16-90

5. FEI Number: 650311641 ☐ 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: Johnnie Smith

Street Address (P.O. Box Number is Not Acceptable): 1849 NW 111th Ave

900023613939
10/07/03--01037--030 **306.25

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33322

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: Johnnie Smith — REGISTERED AGENT MUST SIGN

Date: 9-30-03

CR2E081 (10/02)

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
PD	Johnnie Smith	1849 NW 111th Ave	Plantation FL 33322
VPD	Kevin McFadden	615 NW 46th Ave	Plantation FL 33317
S	James Teague	2021 SW 162nd Ave	Miramar FL 33027
T	Michael Jenkins	3531 NW 43rd Place	Lauderdale Lakes FL 33309

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: Johnnie Smith Johnnie Smith — 9-30-03 — 954-303-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 10/9