

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40865

FILED
Nov 13, 2006
Secretary of State

Entity Name: OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.

Current Principal Place of Business:

P O BOX 547
POMPANO BEACH, FL 33061

New Principal Place of Business:

Current Mailing Address:

P O BOX 547
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 23-7065922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIMBERLY, JOHN
3221 N.W. 5TH STREET
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN WIMBERLY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, SYLVESTER
Address: 2581 FRANKLIN PARK DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TVB () Delete
Name: WILLIAMS, JOHN
Address: 6231 NW 116TH PLACE
City-St-Zip: SUNRISE, FL 33313

Title: TKOF () Delete
Name: HARRELL, HARRY
Address: 7498 NW 48TH ST
City-St-Zip: LAUDERHILL, FL

Title: TKOF () Delete
Name: BRIHM, ANTONIO
Address: 2950 NW 6TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER ROBINSON

DIR

11/13/2006

Electronic Signature of Signing Officer or Director

Date