

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N44418**

1. Corporation Name

U.C.F. PHI GAMMA DELTA HOUSE CORPORATION

Principal Place of Business

Mailing Address

12095 DESCARTES CT.

12095 DESCARTES CT.

#5

#5

ORLANDO FL 32826

ORLANDO FL 32826

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City, State, Zip |
|----------|-----------------------------------|--|-------------------------|
| 1 | 2 | 3 | 4 |
| PD | PAUL, BRAD | 1214 SWAN ST | WINTER SPRINGS FL 32708 |
| TD | LESKO, JASON | 1728 BOBTIL DR. | MAITLAND FL 32810 |
| SD | LEDDY, TIM | 2723 DELCREST DR. | ORLANDO FL 32817 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MC CORMICK, ALLEN K
217 N EOLA DR
ORLANDO FL 32801

Name **Jeffrey M. Takacs**
Street Address (P.O. Box Number is Not Acceptable)
863 Ballard Street
Suite, Apt. #, Etc. **H**
City **Altamonte Springs** State **FL** Zip Code **32701**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **4/23/01**

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 10 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2088-01 *[Signature]*

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1991

5. FEI Number

59-3177512

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (8/00)