

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -4 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45545

1. Corporation Name

Theta Phi Alpha, Inc.

REINSTATEMENT 07-09

100155468221

05/05/09--01042--007 **183.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
Florida Atlantic University

3. Mailing Office Address
Florida Atlantic University

Suite, Apt. #, etc.
Dean of Student Affairs Office

Suite, Apt. #, etc.
Dean of Student Affairs Office

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip Country
33431 USA

Zip Country
33431 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/09/1991

5. FEI Number
650284010

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
Michelle A. Escobar

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

Suite, Apt. #, Etc.
Apt. #202

City
Deerfield Beach

State Zip Code
FL 33441

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Michelle A. Escobar
REGISTERED AGENT MUST SIGN

Date 04/28/2009

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	Geori Berman	8165 Severn Drive	Boca Raton, FL 33433
VP	Lora Welker	4040 N.E. Sugarhill Avenue	Jensen Beach, FL 34957
T	Michelle A. Escobar	623 Anderson Circle, Apt. #202	Deerfield Beach, FL 33441

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 contained in Chapter 119, 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: Michelle A. Escobar Michelle A. Escobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2009
Date

954.649.6630
Daytime Phone #

20.5/11