

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 AM 8:00

DOCUMENT # **N45545**

1. Corporation Name

**THETA PHI ALPHA, INC.**

Principal Place of Business

Mailing Address

FLORIDA ATLANTIC UNIVERSITY  
DEAN OF STUDENT AFFAIRS OFFICE  
BOCA RATON FL 33431

FLORIDA ATLANTIC UNIVERSITY  
DEAN OF STUDENT AFFAIRS OFFICE  
BOCA RATON FL 33431

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0284010

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
<del>CEO</del> <del>DC</del> <del>FE</del> <del>TO</del> <del>ED</del> <del>Treas</del> <del>D</del>	<del>C/O</del> <del>MCLAREN, REBECCA D</del> <del>P/D</del> <del>GASTO, KELLY</del> <del>T/O</del> <del>JAMIE, GARY D</del>	Erika Lefkowitz Jeannine Ippolito Tiffany Provenzano	FAU DEAN OF STUDENT AFFAIRS FAU DEAN OF STUDENT AFFAIRS OFFI FAU DEAN OF STUDENT AFFAIRS OFFI BOCA RATON FL 33431 BOCA RATON FL 33431 BOCA RATON FL 33431

000024703830  
11/14/03--01031--005 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLAREN, REBECCA DIXON  
9833 SW 221ST ST  
MIAMI FL 33190

Name

Erika Lefkowitz

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

4970 Gateway Gardens Dr.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Erika Lefkowitz*

REGISTERED AGENT MUST SIGN

Date 11-9-03

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:

*Erika Lefkowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-03

Date

561-767-7564

Daytime Phone #

CR2E040 (7/03)