

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001705**

1. Corporation Name

THETA XI ALUMNI CORPORATION

Principal Place of Business

**P O BOX 0082
MELBOURNE FL 32902-0082**

Mailing Address

**P O BOX 0082
MELBOURNE FL 32902-0082**

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1993

5. FEI Number

59-3198716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SD	ANELLO, MICHAEL T.	225 S. TROPICAL TRIAL APT 211	MERRITT ISLAND FL
TD	RESTIVO, CARMEN C.	1211 GIRALDA CIRCLE NW	PALM BAY FL
PD	WENDLING, CHARLES	150 W UNIVERSITY BLVD BOX 5458	MELBOURNE FL
PD	Wendling, Charles	7341 Glenwood Road	Cocoa, FL 32927
TD	Tarbox, Nate	7341 Glenwood Road	Cocoa, FL 32927
SD	Boetman, Scott	915 SE 18th Street Terrace	Cape Coral, FL 33904

8. Name and Address of Current Registered Agent

**RESTIVO, CARMEN C
1211 GIRALDA CIRCLE NW
PALM BAY FL 32907**

9. Name and Address of New Registered Agent

Name **Charles F. Wendling**
Street Address (P.O. Box Number is Not Acceptable)
7341 Glenwood Road
Suite, Apt. #, Etc.
City **Cocoa** State **FL** Zip Code **32927**

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

Charles F. Wendling
REGISTERED AGENT MUST SIGN

Date **1/24/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Charles F. Wendling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles F. Wendling **1/24/97** **(407) 867-1103**

FILED

97 FEB -7 PM 1:56

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REINSTATEMENT **16-97-1797**

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