FILED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 MAR 21 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # N96000002007

1. Corporation Name
Alpha Zeta of ZBT Fraternity Holding Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 East 87th Street	200 East 87th Street
Suite, Apt. #, etc. 16K	Suite, Apt. #, etc. 16K
City & State NY, NY	City & State NY, NY
Zip 10128 Country USA	Zip 10128 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/4/96

5. FEI Number 65-0686461 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Kimberly B. Moret — Kimberly B. Moret as its agent — REGISTERED AGENT MUST SIGN — Date 3/21/07

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/D	Cliff Schneider	200 E 87th Street, Apt 16K	NY, NY 10128
T/D	Scott Balloff	2097 Fairhaven Circle	Atlanta, GA 30305
S/D	Laurence Bolotin	65 South Harding Street #18	Indianapolis, IN 46222
		REINSTATEMENT	04-07

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: Cliff Schneider — 3/21/07 — (646) 335-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Kimberly Hart x7949

CORPORATION REINSTATEMENT

ALPHA ZETA OF ZBT FRATERNITY HOLDING CORPORATION

Certificate of Status	1
Certified Copy	0
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