

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002460**

1. Corporation Name

**Theta Rho Sigma Chapter-Phi Beta Sigma Fraternity
Inc**

2. Principal Office Address - No P.O. Box #
490 NE 131st St

3. Mailing Office Address
PO Box 162405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami, Florida

City & State
Miami, Florida

Zip
33161-3946

Country
USA

Zip
33116-2405

Country
USA

700147721917
03/27/09--01032--018 **245.00 ✓
REINSTATEMENT **06-09** **Wap**

4. Date Incorporated or Qualified
To Do Business in Florida **05/02/1996**

5. FEI Number
111709989

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
Riley Searcy

Street Address (P.O. Box Number is Not Acceptable)
490 NE 131st St

Suite, Apt. #, Etc.

City
North Miami

State Zip Code
FL 33161

☒ 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

Riley Searcy

REGISTERED AGENT MUST SIGN

Date **03/24/09**

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	Lee Rigsby	22207 SW 98th Place	Miami, Florida, FL 33190
V	Fabian Wright	430 NW 6th Ave	Boynton Beach, FL 33435
T	Riley Searcy	490 NE 131st St	North Miami, FL 33161

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:

Riley Searcy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-09 3055252392

Date

Daytime Phone #