

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002566

1. Corporation Name

Phi Sigma Kappa Lambda Septaton, Inc.

2. Principal Office Address

8245 SW 43 St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 65-3112

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

U.S.A.

Zip

33265

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/14/1996

5. FEI Number

65-0666796

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

Victor Garcia-Menocal Jorge J. Fernandez

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

8245 SW 43 St. 11991 SW 35th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Victor Garcia-Menocal Jorge J. Fernandez

REGISTERED AGENT MUST SIGN

Date 8/16/00

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
Pres.	Jorge Fernandez	11991 SW 35 St.	Miami, FL 33175
V.P.	Victor Garcia-Menocal	8245 S.W. 43 St	Miami, FL 33155
Sec.	Dennis Sidi	7746 Fisher Island Dr.	Fisher Island, FL 33109
Tre	Ray Hallak	3119 SW 24 St.	Miami, FL 33145

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 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:

Victor Garcia-Menocal - Victor Garcia-Menocal, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00

Date

305/801-4744

Daytime Phone #

CR2E081 (9/99)