

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUL 16 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000000061

**1. Corporation Name** TAU CHAPTER EDUCATIONAL FOUNDATION, INC.

W01-13758

**2. Principal Office Address**

363 East Lake Sue Avenue

Suite, Apt. #, etc.

**City & State**

Winter Park, Fl

**Zip**

32789

**Country**

USA

**3. Mailing Office Address**

363 East Lake Sue Avenue

Suite, Apt. #, etc.

**City & State**

Winter Park, Fl

**Zip**

32789

**Country**

USA

**REINSTATEMENT** 99-01

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/30/96

**5. FEI Number**  
59-3424810

**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**

A.G.C. Co.

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

200 S. Orange Avenue

**Suite, Apt. #, Etc.**

2300

**City**

Orlando

**State**  
FL

**Zip Code**

32801

**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**

*G. Thomas Ball, Vice President*  
REGISTERED AGENT MUST SIGN

**Date** July 4, 2001

**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
D	Clark Sherer, III	2152 14th Circle North	St. Petersburg, Fl 33713
D	Douglas B Williams, III	14325 SW 74th Ave.	Miami, Fl 33125
D	Bruce J. Hoffman	7851 SW 68 Ave.	South Miami, Fl 33143
D.G.	G. Thomas Ball	200 S. Orange Ave, Ste. 2300	Orlando, Florida 32802
		297.50 - Adm	
		61.25 - AR	

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**