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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : BAKER & HOSTETLER LLP  
Account Number : I19990000077  
Phone : (407) 649-4043  
Fax Number : (407) 841-0168

**CORPORATION REINSTATEMENT**

**TAU CHAPTER EDUCATIONAL FOUNDATION, INC.**

Certificate of Status	0
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Estimated Charge	\$603.75

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Help

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000000061**

1. Corporation Name

**TAU CHAPTER EDUCATIONAL FOUNDATION, INC.**

2. Principal Office Address - No P.O. Box #

**200 S. Orange Ave.**

Suite, Apt. #, etc.

**Suite 2300**

City & State

**Orlando, FL 32801**

Zip

Country

**32801**

**USA**

3. Mailing Office Address

**200 S. Orange Ave.**

Suite, Apt. #, etc.

**Suite 2300**

City & State

**Orlando, FL 32801**

Zip

Country

**32801**

**USA**

**REINSTATEMENT**  
CREATED: 12/30/08 9/3/09

2009 SEP 24 PM 3:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**G. Thomas Ball**

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

**200 S. Orange Ave.**

Suite, Apt. #, Etc.

**Suite 2300**

City

**Orlando**

State

**FL**

Zip Code

**32801**

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

*A. Thomas Ball*

REGISTERED AGENT MUST SIGN

Date **9/16/09**

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
PSTD	G. Thomas Ball	200 S. Orange Ave. Ste. 2300	Orlando, FL 32801

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:

*A. Thomas Ball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Thomas Ball, Pres.

**9/16/09**  
Date

**407-649-4000**  
Daytime Phone #