

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 28 AM 11:40
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000639

1. Corporation Name

SESHAIT ALUMNI ASSOCIATION OF
ALPHA RHO CHI FRATERNITY INC.

REINSTATEMENT 05-07

CR2E081 (1/07)

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

4611 LIGHTHOUSE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

4611 LIGHTHOUSE CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

Zip

32808

Country

USA

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-97

5. FEI Number

030506497

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

JEFFREY C. BUSH

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

417 RANCH TRAIL

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3-16-07

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
PRES.	RICHARD KING	4611 LIGHTHOUSE CIRCLE	ORLANDO FL 32808
TRES.	DARLENE PATTON	6224 S. Dale Mabry Hwy #3	TAMPA FL 33611
SEC.	STEPHANIE MENDEZ	4611 LIGHTHOUSE CIRCLE	ORLANDO FL 32808
	9/4/3		200096010122 04/08/07--01049--014 **358.75

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:

[Signature] RICHARD KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 (407) 617-1083
Date Daytime Phone #