

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -6 AM 9:07

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000639

1. Corporation Name

SASHAIT ALUMNI ASSOCIATION OF
ALPHA RHO CHI FRATERNITY INC.

2. Principal Office Address

417 RANCH TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

Zip

32707

Country

SEMINOLE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/1997

5. FEI Number

03-0506497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

1998-2003 UBR

800013276028

02/28/03--01057--029 **367.50

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

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 2/14/03

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.	JEFFREY C. BUSH	417 RANCH TRAIL	CASSELBERRY, FL 32707
TREAS.	KEINO FREDERICK JACOBS	2842 CAMANILE DR.	ORLANDO, FL 32837
SECR.	JERMAINE RICHARDSON	12-A VANDERHORST ST.	CHARLESTON, S.C. 29403

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] JEFFREY BUSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/03

Daytime Phone #

4076489756

CR2E081 (10/02)