

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500144317825
02/24/09--01039--007 **498.75

CR2E081 (12/08)

DOCUMENT # **197 00000 4392**
1. Corporation Name
**CIT OMEGA CHAPTER OF OMEGA PSI PHI,
FRATERNITY, INC.**

2. Principal Office Address - No P.O. Box #
n/a 742 Riggins Rd
Suite, Apt. #, etc.
n/a
City & State
n/a Tallahassee FL
Zip
32308 Country
n/a

3. Mailing Office Address
PO Box 6252
Suite, Apt. #, etc.
n/a
City & State
TALLAHASSEE, FL
Zip
32308 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
3/23/2001

5. FEI Number
65-0093833 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
DARRON TOSTON
Street Address (P.O. Box Number is Not Acceptable)
742 RIGGINS RD.
Suite, Apt. #, Etc.
n/a
City
TALLAHASSEE State
FL Zip Code
32308

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 *Darron Toston* Date **2/21/09**
REGISTERED AGENT MUST SIGN

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
PD	DARRON TOSTON	742 RIGGINS RD	TALLAHASSEE, FL 32308
VD	DOUGLASS WADDELL, SR.	4234 AUGUSTUS OAK CT	TALLAHASSEE, FL 32303
D	ERIC CHILDS	128 E. SEVENTH AVE	TALLAHASSEE, FL 32301
TD	GEOFFREY BROWN	305 ROZENA LOOP	HAVANA, FL 32533
SD	ZOLLIE WHITE	4115 E. BUGLEVIEW DR	TALLAHASSEE, FL 32312

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: *Darron Toston* **DARRON TOSTON** Date **2/21/09** Daytime Phone # **850-877-2064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR