

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198000001482**

1. Corporation Name

THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

300089981113
03/02/07--01003--019 **376.25

2. Principal Office Address - No P.O. Box #
EWM - Ron Shuffield

3. Mailing Office Address
EWM - Ron Shuffield

Suite, Apt. #, etc.
1360 South Dixie Highway

Suite, Apt. #, etc.
1360 South Dixie Highway

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146-2904

Country
USA

Zip
33146-2904

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/12/1998

5. FEI Number 650689397

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
Jonathan Ross

Street Address (P.O. Box Number is Not Acceptable)
11340 SW 71st Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33173

☒ 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

Date 02/24/2007

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	SHUFFIELD, RON	9568 SW 67th Court	Miami, FL 33156
VD	O'KURLEY, ASHLEY	8981 SW 122 Place 1018	Miami, FL 33186
TD	WALLACE, JOHN	199 Ocean Lane Dr. Apt. 515	Key Biscayne, FL 33149
SD	ROSS, JONATHAN	11340 SW 71st St.	Miami, FL 33173
D	LANDON, KIRK R	255 ALHAMBRA CIRCLE #820	CORAL GABLES FL 33134
D	DUNNE, PETER	4350 SW 105 Ave	Davie, FL 33328

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:

JONATHAN ROSS

02/24/2007

305-992-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #