

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 OCT 16 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **198000001760**

1. Corporation Name

Tau Kappa Epsilon Fraternity, Inc. of  
Barry University

2. Principal Office Address

11300 NE 2<sup>nd</sup> Avenue

Suite, Apt. #, etc.

c/o Student Activities

City & State

Miami Shores, FL

Zip

33161

Country

3. Mailing Office Address

11300 NE 2<sup>nd</sup> Avenue

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33161

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1998

5. FEI Number

911811676

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

John P. Nykolajczyk

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

12025 NE 11 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

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

REGISTERED AGENT MUST SIGN

Date

8/28/00

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
Director	John Nykolajczyk	12025 NE 11 Ct	Miami / FL / 33161
Officer	Raul Gonzalez	1680 NW 117 St	Miami / FL / 33148
Officer	Jose Toscano	12025 NE 11 Ct	Miami / FL / 33161

REINSTATEMENT 99-00

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:

John Nykolajczyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

305.790.5937

Daytime Phone #