

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001760

1. Corporation Name

TAU KAPPA EPSILON FRATENITY, INC. OF BARRY UNIVERSITY

2. Principal Office Address - No P.O. Box #
11300 NE 2ND AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
C/O STUDENT ACTIVITIES

Suite, Apt. #, etc.

City & State
MIAMI SHORES, FL

City & State

Zip **33161** Country **USA**

Zip Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **3/25/1998**

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
GIANFRANCO NOCERINO

Street Address (P.O. Box Number is Not Acceptable)
11300 NE 2ND AVE

Suite, Apt. #, Etc.
C/O STUDENT ACTIVITIES

City **MIAMI SHORES, FL** State **FL** Zip Code **33161**

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.

[Handwritten Signature]

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 *[Handwritten Signature]*
REGISTERED AGENT MUST SIGN

Date **9/25/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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10/30/07-011017-023 #3 367.1

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	DR. RON LENNON	3056 S. OAKLAND FOREST DR. #2305	OAKLAND PARK, FL 33309
S	JARED ANDRUS	1659 NE 110 Terrace	Miami, FL 33161
T	GIANFRANCO NOCERINO	933 NE 199TH ST #206	MIAMI, FL 33179
D	SR. PHYLLIS SUPERFISKY	11950 NE 2ND AVE. #318	N. MIAMI, FL 33161
D	EILEEN HINELINE	590 NW 161ST AVE.	PEMBROKE PINES, FL 33028

REINSTATEMENT 02-07

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: *[Handwritten Signature]* GIANFRANCO NOCERINO 09/25/2007 305-519-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #