

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000016841

1. Corporation Name

FRATERNITY CORPORATION

2. Principal Office Address - No P.O. Box #
2475 Brickell Avenue3. Mailing Office Address
2475 Brickell AvenueSuite, Apt. #, etc.
1210Suite, Apt. #, etc.
1210City & State
Miami, FLCity & State
Miami, FLZip Country
33129 USAZip Country
33129 USA4. Date Incorporated or Qualified
To Do Business in Florida 02/13/2002

5. FEI Number

Applied For
☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nicola L. Zagarolo & Associates, P.A.

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

3800 NE Third Avenue

Suite, Apt. #, Etc.

City
Pompano BeachState Zip Code
FL 33064

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

REGISTERED AGENT MUST SIGN

Date 5/25/10

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
P. V. S.	Michail Tsikopoulos	2475 Brickell Ave #1210	Miami, FL 33129
D	Michail Tsikopoulos	2475 Brickell Ave #1210	Miami, FL 33129

10. E-mail Address: NZagarolo@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michail Tsikopoulos,

4/29/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN -1 PM 4:33

TALLAHASSEE, FLORIDA

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REINSTATEMENT

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