PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAY -7 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713214

1. Corporation Name

Pi Kappa Alpha House Foundation of Melbourne, Inc.

Principal Place of Business	Mailing Address
See Below	See Below

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2401 NE RiverView Dr.	145 E. Colonial Ct,
Suite, Apt. #, etc	Suite, Apt. #, etc Suite C
City & State Palm Bay, FL	City & State Indian Harbour Beach, FL
Zip 32905 Country US	Zip 32937 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 08-17-67

5. FEI Number: 59-1232120 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D. Pres.	Charlie Christy	D. 298 Jaro St.	Palm Bay, FL 32907
D. VP	Dennis Tebbe	D. 235 Bonnie Ct.	Satellite Beach, FL 32937
D. Tres.	Loren STrand	D. 145 E. Colonial Ct, C	Indian Harbour Beach, FL 32937
D. Sec.	Brent Doyle	D. 2055 Eva Lane	Malabar, FL 32950

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Brent Doyle 5/7/97

Street Address (P.O. Box Number is Not Acceptable): 2055 Eva Lane

Suite, Apt. #, Etc.

000002178540--7
-05/14/97--01096--006
****306.25

City: Malabar FL

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Brent R. Doyle — Date: 15 Apr 97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No XX

(See other side for information on intangible tax.)

12. 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: Loren Strand — 04-15-97 — (407) 723-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #