

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 MAY 16 PM 2:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09000011590

1. Corporation Name

DELTA KAPPA EPSILON COUNCIL, INC.

2. Principal Office Address - No P.O. Box #

565 Fifth Avenue

Suite, Apt. #, etc

29th Floor

City & State

New York

Zip
10017

Country
U.S.A

3. Mailing Office Address

565 Fifth Avenue

Suite, Apt. #, etc

29th Floor

City & State

New York

Zip
10017

Country
U.S.A

4. Date incorporated or Qualified
To Do Business in Florida

12/04/2009

5. FEI Number

27-1420387

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

000313574800

CR25081 (11/10)

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

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:

Roxanne Turner

Roxanne Turner

Asst. Vice President

Date

5/16/18

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
P	James D. Bishop, Sr.	565 Fifth Avenue, 29th Floor	New York, New York 10017
T	Barbara Bishop Gollan	565 Fifth Avenue, 29th Floor	New York, New York 10017

REINSTATEMENT

MAY 16 2018

R. HUNT

10. E-mail Address: msummey@spindriftequities.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Barbara Bishop Gollan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/18

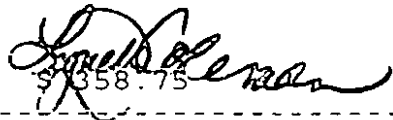
2129219099

Date

CR#/Filing Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 209892 4703995
AUTHORIZATION :
COST LIMIT : \$358.75



ORDER DATE : May 16, 2018
ORDER TIME : 11:58 AM
ORDER NO. : 209892-005
CUSTOMER NO: 4703995

DOMESTIC FILINGS

NAME: DELTA KAPPA EPSILON COUNCIL,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS

MAY 16 2018

R. HUNT