

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003311**

1. Corporation Name **ALUMNI  
THE ORLANDO ALUMNI CHAPTER OF KAPPA ALPHA PSI FRA  
TERNITY, INC.**

Principal Place of Business Mailing Address  
~~1461 SHADWELL CIRCLE~~ P.O. BOX 555088  
~~HEATHROW FL 32746~~ ORLANDO FL 32588-5088  
~~7815 WESTMINSTER ABBEY BLVD~~  
~~ORLANDO, FL 32835-5955~~  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 02

2. New Principal Office Address, If Applicable **850 CHARLOTTE STREET**  
Suite, Apt. #, etc.  
City & State **LONGWOOD FL**  
Zip **32750** Country **U.S.**  
3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/24/1999**  
5. FEI Number **59-3611545** Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del>	<del>SMITH, JAMES</del>	<del>1461 SHADWELL CIRCLE</del>	<del>HEATHROW FL 32746</del>
D	NATHANIEL STEPHENS, JR	<del>7815 WESTMINSTER ABBEY BLVD</del>	ORLANDO, FL 32835-5955
D	ODOM, RALPH	3307 LAKE TINY CIRCLE	ORLANDO FL 32818 32818
D	<del>BROWN, DELMAS</del> CURTIS PARRISH	1689 GLENHAVEN CIRCLE 5828 NORTH ORANGE BLOSSOM TRAIL #204	<del>ORLANDO FL 32761</del> ORLANDO, FL 32810
<del>D</del>	<del>NASH, JOHNNY</del> ALBERT NELSON	4518 LAKE MARTIN LANE APT F 850 CHARLOTTE STREET	<del>ORLANDO FL 32808</del> LONGWOOD FL 32750
			800009119198 11/20/02--01075--008 **236.25

8. Name and Address of Current Registered Agent  
~~SMITH, JAMES~~  
~~1461 SHADWELL CIRCLE~~  
~~HEATHROW FL 32746~~

9. Name and Address of New Registered Agent  
Name **ALBERT NELSON**  
Street Address (P.O. Box Number is Not Acceptable) **850 CHARLOTTE STREET**  
Suite, Apt. #, Etc.  
City **LONGWOOD** State **FL** Zip Code **32750**

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/1/02  
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED NATHANIEL STEPHENS JR 11-11-02 707 293 0257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)