

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JAN 16 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 737328**

1. Corporation Name

**FLORIDA STUDENT ASSOCIATION, INC.**

700115903807  
01/23/08--01039--018 \*\*358.75

**REINSTATE** CR2E081-(12/07) NO 601 08

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

**1311-B PAUL RUSSELL RD.**

3. Mailing Office Address

**1311-B PAUL RUSSELL RD.**

Suite, Apt. #, etc.

**SUITE 203**

Suite, Apt. #, etc.

**SUITE 203**

City & State

**TALLAHASSEE, FL**

City & State

**TALLAHASSEE, FL**

Zip

**32301**

Country

**US**

Zip

**32301**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/17/1976**

5. FEI Number  
**591673603**

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

**Christopher Krampert**

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

**1311-B PAUL RUSSELL RD.**

Suite, Apt. #, Etc.

**SUITE 203**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32301**

☐ 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.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **1/16/08**

**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
MR	Christopher Krampert	1311-B PAUL RUSSELL RD. SUITE 2	TALLAHASSEE, FL 32301
D/C	Ryan Moseley	R.305, Reitz Union, UF	Gainesville, FL 32611
DVC	Brandie Hollinger	P.O. Box 163230	Orlando, FL 32816-3230
DVC	Rachael Tutwiler	4567 St. John Bluff; Bldg 14, Rm. 260*	Jacksonville, FL 32224-2645
D	Joe O'Shea	211 Oglesby Student Union	Tallahassee, FL 32306-4027
D	April Jardine	UWF B22,R227; 1100 Univ. Pkw	Pensacola, FL 32514

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:

*[Signature]*

Christopher Krampert

1/16/08

850-877-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JAN 16 2008