

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710315

1. Corporation Name

PI KAPPA PHI PROPERTIES, INC.

Principal Place of Business

Mailing Address

2102 CAMBRIDGE BELTWAY DR
STE A
CHARLOTTE NC 28273
US

P. O. BOX 240526
CHARLOTTE NC 28224

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

4. Date Incorporated or Qualified To Do Business in Florida

02/04/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6216310

Applied For

Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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

| 1 | 2 | 3 | 4 |
|----------|-----------------------------------|--|---|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City, State, Zip |
| D | TIMMES, M E | 7017 NATIONS FORD RD 2102 Cambridge Beltway Dr, Ste A | CHARLOTTE NC |
| SD, PD | PATERNO, ROBERT J | 801 BRICKELL AVE 14TH FLOOR 2100 RONCE DELEON Blvd. Ste 1020 | MIAMI FL CORAL GABLES, FL 33134 |
| D | STUCKEL, JAY J | 6457 KERTH RD 6161 | ST LOUIS MO |
| TD | LEAK, J COUNCILL | 1900 ROXBOROUGH RD STE 200 401 S. TRYON ST., STE 2300 | CHARLOTTE NC |
| PD VD | JACOBS, MARK GREGORY V. UNDER | 5238 N NEW JERSEY ST 2721 W HAMPTON CIRCLE | INDIANAPOLIS IN 46220 DELRAY BEACH, FL 33445 |
| SD | ASPINWALL, GLENN | 250 WILLIAMS ST, MEZZANINE LEVEL Ste 200 300 Colonial Center Parkway, | ATLANTA GA Roswell, GA 30076 |

8. Name and Address of Current Registered Agent

HIGHTOWER, NATHAN
400 CLEVELAND STREET 625 Court St., 2nd Fl.
CLEARWATER FL 33515 CLEARWATER, FL 33756

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. REINSTATEMENT
City State Zip Code
FL

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 *[Signature]* REGISTERED AGENT MUST SIGN

Date 10/19/00

TS

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]* MARK E. TIMMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 17, 2000
Date Daytime Phone #

CR20040 (8/00)