

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736808

1. Corporation Name

Kappa Alpha House Corporation of Kappa Delta Sorority, Inc.

2. Principal Office Address

555 W. Jefferson Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

3. Mailing Office Address

117 Meadow Wood Ct.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/1976

5. FEI Number
237116229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeri K. Hunter

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

117 Meadow Wood Court

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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**

Jeri K. Hunter

Date 10/30/2005

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/D	Crystle J. May	637 Solomon Dairy Rd.	Quincy, FL 32351
T/D	Jeri K. Hunter	117 Meadow Wood Ct.	Tallahassee, FL 32312
S/D	Jonie D. Bettinger	1583 Copperfield Cr.	Tallahassee, FL 32312

600061451756
11/15/05 01079 007 **542.50

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 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:

Jeri K. Hunter
Jeri K. Hunter, Treasurer/Director

10/30/2005

850-671-0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Baker OCT 31 2005