

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**

07 OCT 11 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112007 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # 768755</b> 1. Entity Name <b>TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA STATE UNIVERSITY</b>					
Principal Place of Business <del>P.O. BOX 1332</del> <b>TALLAHASSEE, FL 32302 US</b>			Mailing Address <b>101 N. MONROE, STE 1090</b> <b>TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1939 Heritage Grove Circle</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Tallahassee, FL</b>			City & State		
Zip <b>32304</b>		Country <b>LEON</b>		4. FEI Number <b>59-2346387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>METZGER, KENNETH J ESQ</b> <b>101 N. MONROE, STE 1090</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLAM, ROBERT E 1521 BLOCKFORD CRT E. TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUBBS, CHARLES 2717 BEDFORD WAY TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM HOWARD 2854 LARIS DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, TERRENCE L 2016 GARDENBROOK LN TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT</b>  <b>800110953228</b>  <b>10/18/07--01039--002 **70.00</b> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Esq</b> <b>10-11-07</b> <b>681-0411</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					