

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000006348</b>					
<b>1. Entity Name</b> KAPPA ALPHA PSI SCHOLARSHIP AND COMMUNITY DEVELOPMENT FOUNDATION OF WEST PALM BEACH, INC.					
<b>Principal Place of Business</b> 321 W. 30TH STREET RIVIERA BEACH, FL 33404			<b>Mailing Address</b> 321 W. 30TH STREET RIVIERA BEACH, FL 33404		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 126			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> West Palm Beach		<b>4. FEI Number</b> 65-1118541	
<b>Zip</b> 33402		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ANDERSON, KEVIN 301 CLEMATIS ST STE 3000 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 515 W. Flagler Dr., Ste. P300 City West Palm Beach <b>FL</b> Zip Code 33401		
<b>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.</b>					
<b>SIGNATURE</b> Kevin R. Anderson			11/15/05		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ILES, KERNAA H	<input type="checkbox"/> Delete	<b>TITLE</b> 600064023036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	01/19/06--01011--013 **245.00
<b>STREET ADDRESS</b> 321 W 30TH ST	<b>STREET ADDRESS</b> 9352 Nugent Trail				
<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33904	<b>CITY-ST-ZIP</b> West Palm Beach, FL 33411				
<b>TITLE</b> V	<b>NAME</b> HENDERSON, ANTHONY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Rick Christie
<b>STREET ADDRESS</b> 1032 BIG TORCH ST	<b>STREET ADDRESS</b> 103 Fernwood Crescent				
<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<b>CITY-ST-ZIP</b> West Palm Beach, FL 33411				
<b>TITLE</b> S	<b>NAME</b> OSBORN, SAMMIE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Leonard Taylor
<b>STREET ADDRESS</b> 219 SUPERIOR PL	<b>STREET ADDRESS</b> P.O. Box 212258				
<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33409	<b>CITY-ST-ZIP</b> West Palm Beach, FL 33421				
<b>TITLE</b> D	<b>NAME</b> WHITE, MARLON D	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 1602 W 36TH ST		
<b>STREET ADDRESS</b> 7247 CRYSTAL LAKE DR	<b>STREET ADDRESS</b> RIVIERA BEACH, FL 33404				
<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404				
<b>TITLE</b> D	<b>NAME</b> CHRISTIE, RICK	<input checked="" type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404		
<b>STREET ADDRESS</b> 103 FERNWOOD CRESENT	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404				
<b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404				
<b>TITLE</b> D	<b>NAME</b> WHIGHAM, JULIUS	<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404		
<b>STREET ADDRESS</b> 1602 W 36TH ST	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404				
<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404	<b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			Ricky A. Christie		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/15/05		
<small>Date</small>			561-307-3024		
<small>Daytime Phone #</small>					