

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006348

1. Corporation Name

KAPPA ALPHA PSI SCHOLARSHIP AND COMMUNITY DEVELOPMENT FOUNDATION OF WEST PALM BEACH INC.

Handwritten signature/initials

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

321 W. 30TH STREET

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

Zip

33404

Country

US

3. Mailing Office Address

P.O. BOX 126

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33402

Country

US

FILED
10 MAR 24 PM 4:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

06-10

600168245536

02/08/10--01064--019 **481.75

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 08-27-2001

5. FEI Number

65-1118541

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

ANDERSON, KEVIN

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

515 W. FLAGLER DR.

Suite, Apt. #, Etc.

SUITE P-300

City

WEST PALM BEACH

State

FL

Zip Code

33401

☐ 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

REGISTERED AGENT MUST SIGN

Date *01-23-10*

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	Shane Darrisaw	9352 Nugent Trail	West Palm Beach, FL. 33411
V	Rick Christie	103 Fernwood	West Palm Beach, FL. 33411
S	Kernaa Iles	321 W. 30th Street	Riviera Beach, FL. 33404
D	Marlon White	7247 CRYSTAL LAKE DR	West Palm Beach, FL. 33411
D	Norman Walker	1553 - 6 th Street	West Palm Beach, FL. 33401
D	Moses Stubbs	1440 Crossway	West Palm Beach, FL. 33401

10. E-mail Address: *sdarrisaw@aol.com*

(To be used for future annual report notification)

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. I further certify 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: *H. Shane Darrisaw*

H. Shane Darrisaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-10

561-379-5899

**M. MILLIGAN
EXAMINER**

Daytime Phone #

MAR 24 2010