PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 10 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000003095

1. Corporation Name

ALPHA KAPPA ALPHA SORORITY, INC.
IOTA PI OMEGA CHAPTER

REINSTATEMENT 03-04
9/10/03 900065 039 70.00

2. Principal Office Address	3. Mailing Office Address
284 ALBRIGHT ST. SE	P.O. BOX 865
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY, FL	City & State: COCOA, FL
Zip: 32909 Country: BREVARD	Zip: 32922 Country: BREVARD

4. Date Incorporated or Qualified To Do Business In Florida: 4-22-02

5. FEI Number: 30-0200108 ☐ 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: MARGUERITE SMITH

900035792669
05/10/04 01016 002 **25.25

Street Address (P.O. Box Number is Not Acceptable): 944 BOWING LANE

Suite, Apt. #, Etc.:

City: ROCKLEDGE State: FL Zip Code: 32955

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: Marguerite Smith — REGISTERED AGENT MUST SIGN — Date: 5-3-04

CR2E081 (01/04)

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
PRES	SELENA ATCHISON	284 ALBRIGHT ST. SE	PALM BAY, FL 32909
VP	ROSILAND MILLER BALL	1512 PALM PLACE DR.NE	PALM BAY, FL 32905
SEC	KIM WATSON	221 MCCLAIN DR.	W. MELBOURNE, FL 32904
TREAS	BARBARA DAVIS	141 BAYAMO AVE. NE	PALM BAY, FL 32907
FISEC	VERLIE CAMPBELL	711 FIRST AVE	SATELLITE BEACH, FL 32937
C SEC	ENA LEIBA	1465 WELLINGTON CR.	ROCKLEDGE, FL 32955

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: Selena Atchison / Selena Atchison 5/3/04
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #