

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 DEC 28 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02000005456**

1. Corporation Name

Southern Province Of Kappa Alpha Psi Foundation, Inc.

2. Principal Office Address

320 S Indian River Drive

3. Mailing Office Address

10960 Pine Creek Lane

Suite, Apt. #, etc.

c/o Linnes Finney, Jr., Esq.

Suite, Apt. #, etc.

c/o Linnes Finney, Jr., Esq.

City & State

Ft Pierce, FL

City & State

Port St. Lucie, FL

Zip

34948

Country

St. Lucie

Zip

34986

Country

St. Lucie

**REINSTATEMENT**

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

7/18/02

5. FEI Number

68-0536759

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  
Gary, Williams, Parenti, Finney, Lewis, McManus, Watson & Sperando

Street Address (P.O. Box Number is Not Acceptable)  
320 S Indian River Drive

Suite, Apt. #, Etc.  
Linnes Finney, Jr., Esq.

City  
Ft Pierce, FL

State  
FL

Zip Code  
34948

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/22/06

**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	Frank S. Emanuel	8024 Altima Road	Jacksonville, FL 32216
S	Linnes Finney, Jr., Esq.	10960 Pine Creek Lane	Port St. Lucie, FL 34986
T	John M. Grayson, CPA	2143 Doral Drive	Tallahassee, FL 32312
D	Ronald Range	250 Martin Road	Northport, AL 35473
D	Ralph Altice	P.O. Box 671	Mobile, AL 36601-0671
D	Keflyn Reed	2381 Willowdale Street	Mobile, AL 36605-3455

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Grayson, CPA 12/22/06

Date

850.216.4045

Daytime Phone #

112

112

212

Grayson Accounting & Consulting, P.A.  
118 Salem Court, Suite B  
P.O. Box 12774 / Tallahassee, FL 32317  
Telephone (850) 216-4045 / Facsimile (850) 216-4075  
e-mail: [grayson-cpa@electro-net.com](mailto:grayson-cpa@electro-net.com)

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December 22, 2006

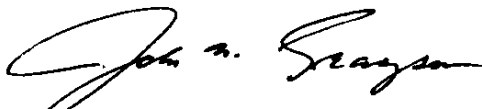
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please be advised that during 2005, the Southern Province of Kappa Alpha Psi Foundation, Inc. was administratively dissolved for not filing an annual report. During 2005 the corporation did not receive an annual report notice and hereby request that the \$175.00 reinstatement fee waived.

I have enclosed a check for \$122.50 for the two years that the corporation has been dissolved (2005 & 2006) and the applicable reinstatement form.

Thank you in advance for your consideration of our request. If you need additional information please contact me.

Sincerely,



John M. Grayson