


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 APR -8 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004143	
1. Entity Name KAPPA ALPHA THETA MIAMI ALUMNAE CHAPTER INC.	

Principal Place of Business 1236 Placetas Avenue Coral Gables, FL 33146 305-663-0771	Mailing Address ← same
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2. Principal Place of Business 1236 Placetas Avenue Suite, Apt. #, etc.	3. Mailing Address 1236 Placetas Ave Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State Coral Gables FL
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Zip 33146	Country Miami-Dade	Zip 33146	Country Miami-Dade
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03282005 REIN-NP CR2E099 (6/04) MRS

6. Name and Address of Current Registered Agent Kelly Schoen 15581 SW 104 Terr #214 Miami, FL 33196	
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7. Name and Address of New Registered Agent Morgan P. Smith 4524 San Amaro Drive Coral Gables FL 33146	
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: Morgan P. Smith (NOTE: Registered Agent signature required when reinstating) DATE: 3/28/04	

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President - P Christina Walker 1236 Placetas Avenue Coral Gables, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer - T Allison Freeland 8901 Hammock Lake Drive Coral Gables, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director - D Morgan P. Smith 4524 San Amaro Drive Coral Gables, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Events - P Meg Wright 3501 Riviera Drive Coral Gables, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100051350651 04/20/05--01011--015 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 04-05 <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
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 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.	
SIGNATURE: Morgan P. Smith	4-4-05 305 663 1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #