

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 AM 8:39

KS

DOCUMENT # N03000006477

**1. Corporation Name**

KAPPA ALPHA PSI GUIDERIGHT DEVELOPMENT  
FOUNDATION OF DAYTONA, INC.

W09-48679

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

647 ORANGE AVE

**3. Mailing Office Address**

P.O. BOX 10981

Suite, Apt. #, etc.

SUITE-C

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

US

Zip

32120

Country

US

700162398927  
11/02/09--01045--001 \*\*8.75

700162398927  
11/19/09--01036--024 \*\*122.50

CR2E081 (12/08)

**REINSTATEMENT 08-09**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/24/2003

**5. FEI Number**  
562381235

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

JEFFREY TURNER

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

618 ASH AVE

Suite, Apt. #, Etc.

City

HOLLY HILL

State

FL

Zip Code

32117

☒ 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 10-28-2009

**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
D	TURNER, JEFFREY	618 ASH AVE	HOLLY HILL, FL 32117
D	BRYANT, CHARLES	1412 EVERGREEN AVE	DAYTONA BEACH, FL 32117
D	JACKSON, LARRY	18 NEEDLES LANE	ORMOND BEACH, FL 32174
D	ROBINSON, WILLIAM	28 PARK PLACE	ORMOND BEACH, FL 32174

**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

10-28-2009

Date

386-383-6316

Daytime Phone #