

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 APR -6 A 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500174614485
04/06/10--01011--002 **253.75
CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0600003302

1. Corporation Name

Alpha Phi Omega - Kappa Delta
National Service Chapter
Fraternity, Inc.

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

603 Ryco Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 70020

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

USA

City & State

Tallahassee, FL

Zip

32307

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Darryn L. Se. ssoms

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

1758 Beechwood Circle

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32307

☒ 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

Darryn Se. ssoms

REGISTERED AGENT MUST SIGN

Date 4/5/2010

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.	Disraeli Smith	503 Ryco Drive	Tallahassee, FL 32305
S.	Jeremy Smith	1325 W. Tharpe Apt 1423	Tallahassee, FL 32303
T.	Marques Butler	326 Columbia Dr. apt 1	Tallahassee, FL 32304

REINSTATEMENT

06-10-10

10. E-mail Address: Kappadelta apo@yahoo.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/10

Date

Daytime Phone #

(904) 583-7487