

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 15 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO6000007482

1. Corporation Name

Kappa Psi Psi Healthcare Sorority, Inc.

300137166233
10/22/08--01028--001 **131.25

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

Suite, Apt. #, etc.

503 Palm Beach St. 222

City & State

Tallahassee, FL

Zip

32310

Country

USA

3. Mailing Office Address

P.O. Box 70397

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32307

Country

USA

CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 13, 2006

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

Martha Freeman

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

503 Palm Beach St. 222

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

Martha Freeman

REGISTERED AGENT MUST SIGN

Date 10-15-08

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
President	<u>Martha Freeman</u>	<u>503 Palm Beach St. 222</u>	<u>Tallahassee / FL / 32310</u>
Vice-President	<u>Cydrey Warfield</u>	<u>503 Marvin St.</u>	<u>Tallahassee / FL / 32301</u>
Recording Secretary	<u>Jasmine Wynn</u>	<u>2833 S. Adams St. 204C</u>	<u>Tallahassee / FL 32301</u>
Secretary Treasurer	<u>Cynethia Richardson</u>	<u>2833 S. Adams St. 206 B</u>	<u>Tallahassee / FL 32301</u>
Corresponding Secretary Chaplain	<u>Kalani Peterson</u>	<u>2833 S. Adams St. 510 B</u>	<u>Tallahassee / FL 32301</u>
	<u>Deidra Solomon</u>	<u>503 Marvin St.</u>	<u>Tallahassee / FL 32301</u>

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:

Martha Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-08

Date

(850) 576-4914

Daytime Phone #

REINSTATEMENT
07-08
986
12