Northwestern Mutual
FINANCIAL NETWORK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 DEC 11 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06162

1. Corporation Name
Florida Mu Alumni Association

REINSTATEMENT
CR2E081 (12/05) 05-06

2. Principal Office Address	3. Mailing Office Address
4400 Greek Court	315 E. Robinson St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 690
City & State Orlando FL	City & State Orlando
Zip 32817 Country USA	Zip 32801 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/14/84

5. FEI Number 59-2752546 ☒ 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: Kevin O'Connell
Street Address (P.O. Box Number is Not Acceptable): 1706 Virginia DR
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32803

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: Kevin O'Connell Date: 11/16/06
REGISTERED AGENT MUST SIGN

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	Kevin O'Connell	1706 Virginia DR. Orlando FL 32803	Orlando/FL/32803
VP	Ken Roberts	650 S. Ranger BND Winter Park FL 32792	Winter Park/FL/32792
VP	Pat Knisel	2707 E. Marks St Orlando FL 32803	Orlando/FL/
VP	Corey Stutte	4400 Greek Court Orlando FL 32817	Orlando/FL/32817
			12/11/06--01025--007 **297.50

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: Kevin O'Connell - Kevin O'Connell 11/16/06 407-447-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

The Northwestern Mutual Life Insurance Company · Milwaukee, Wisconsin

S. Mitchell DEC 11 2006