



Northwestern Mutual

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FINANCIAL NETWORK

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06162

1. Corporation Name

Florida Mu Alumni Association, Inc.

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

4400 Greek Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

USA

3. Mailing Office Address

315 E. Robinson Street

Suite, Apt. #, etc.

#690

City & State

Orlando, FL

Zip

32801

Country

USA

7. Name and Address of Current Registered Agent

Name

Kevin O'Connell

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

1706 Virginia Drive

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/4/08

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
Pres	Kevin O'Connell	1706 Virginia Drive	Orlando, FL 32803
VP	Ken Roberts	650 S. Ranger Blvd.	Winter Park, FL 32792
VP	Pat Knisel	2707 E. Marks Street	Orlando, FL 32803
VP	Cory Stutte	4400 Greek Court	Orlando, FL 32817

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]

President

12/4/08

407-447-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 DEC -5 AM 8:45

CLERK OF COURT
TALLAHASSEE, FLORIDA

400138515024
12/05/08--01038--004 **306.25

REINSTATEMENT

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1984

5. FEI Number

59-2752546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

12/8/08