

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10898

FILED
Oct 14, 2009
Secretary of State

Entity Name: MIAMI ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

Current Principal Place of Business:

6360 NW 173RD STREET
HIALEAH, FL 33015

New Principal Place of Business:

3361 NW 208TH TERRACE
MIAMI, FL 33056

Current Mailing Address:

P.O. BOX 977
MIAMI, FL 33147

New Mailing Address:

FEI Number: 23-7279512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, TRAVIS
6360 NW 173RD STREET
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

GARY, TORRANCE
3361 NW 208TH TERRACE
MIAMI, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TORRANCE GARY

10/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, TRAVIS
Address: 6360 NW 173RD STREET
City-St-Zip: HIALEAH, FL 33015 US

Title: D () Delete
Name: COFFEY, DONALD
Address: 1685 NW 124TH STREET
City-St-Zip: MIAMI, FL 33167 US

Title: T () Delete
Name: BARKER, KEITH
Address: PO BOX 977
City-St-Zip: MIAMI, FL 33147 US

Title: VP () Delete
Name: GARY, TORRANCE
Address: PO BOX 977
City-St-Zip: MIAMI, FL 33147 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARY, TORRANCE
Address: 3361 NW 208TH TERRACE
City-St-Zip: MIAMI, FL 33056 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRAZIER, CHRISTOPHER
Address: PO BOX 977
City-St-Zip: MIAMI, FL 33147 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TORRANCE GARY

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date