

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13878

Corporation Name

THE LAMBDA CHI ALPHA ALUMNI ASSOCIATION OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 033571

P.O. BOX 033571

INDIANALANTIC FL 32903-0571

INDIANALANTIC FL 32903-0571

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1986

5. FEI Number

59-3025313

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
PD	KARP, JOHN P.	133 DELAND AVE.	INDIANALANTIC FL
PD	KARP, JOHN P.	754 ALTONA ST. N.W.	PALM BAY FL
PD	MADDEN, TIM	1450 CREEL RD	MELBOURNE FL 32905
PD	COLE, MARK E	1710 WEAUS RD Apt 1323	ORANGE PARK, FL 32073
SD	BAGDONAS, JOSEPH A	412 Michigan Ave	Indianalantic, FL 32903
D	Hoffman, Scott B.	5075 Broadbrie Ln	Cocoa FL 32926

8. Name and Address of Current Registered Agent

BOYD, JOEL E.
100 RIALTO PLACE, SUITE 800
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

Tim Madden

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

1450 Creel Rd NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909-3857

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mark E Cole

REGISTERED AGENT MUST SIGN

Date

12/5/1999

1. 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 under section 119.07(3)(i), 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:

Mark E Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/1999

Date

Daytime Phone #

904-215
4805