2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N15123

Entity Name: XI CHAPTER OF ALPHA PSI FRATERNITY, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA COL. OF VET MED.
BOX 100136
GAINESVILLE, FL 32610 US

New Principal Place of Business:

UNIVERSITY OF FLORIDA COL. OF VET MED.
BOX 105614
GAINESVILLE, FL 32610 US

Current Mailing Address:

338 NW 50TH BLVD
GAINESVILLE, FL 32607 US

New Mailing Address:

UNIVERSITY OF FLORIDA COL. OF VET MED.
BOX 105614
GAINESVILLE, FL 32610 US

FEI Number: 59-2929973 **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:

MALDONADO, KATHERINE L
338 NW 50TH BLVD
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

MORRIS, TRACY A
UNIVERSITY OF FLORIDA COL. OF VET MED.
BOX 105614
GAINESVILLE, FL 32610 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: TRACYAMORRIS 03/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Delete
Name: CARRERA-JUSTIZ, SHEILA
Address: 4455 SW 34 ST #N73
City-St-Zip: GAINESVILLE, FL 36208

Title: TD (X) Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORRIS, TRACY A
Address: 111 NW 15TH TERR APT D16
City-St-Zip: GAINESVILLE, FL 32603

Title: VD (X) Change ( ) Addition
Name: NORAT, JACQUELINE
Address: 2360 SW ARCHER RD. APT 303
City-St-Zip: GAINESVILLE, FL 32608

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

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

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: TRACYAMORRIS PD 03/02/2009
Electronic Signature of Signing Officer or Director — Date