

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15123

FILED
May 12, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2929973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: TRACY MORRIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MORRIS, TRACY A
Address: 645 BEACHCOMBER LANE APT A
City-St-Zip: FORT PIERCE, FL 34949

Title: VD
Name: NORAT, JACQUELINE
Address: 2692 ENTERPRISE RD EAST #903
City-St-Zip: CLEARWATER, FL 33759

I hereby 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 all other like empowered.

SIGNATURE: TRACY MORRIS

PD

05/12/2011

Electronic Signature of Signing Officer or Director

Date