

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:15

DOCUMENT # N33501

1. Corporation Name

The Fort Myers Alumni Chapter of
KAPPA ALPHA PSI Fraternity, Inc.

2. Principal Office Address

3275 South Street

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33916

Country

Lee

3. Mailing Office Address

P. O. Box 2233

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33902

Country

Lee

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1868671

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard A. Sapp

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

3275 South Street

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33916

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

Richard A. Sapp
REGISTERED AGENT MUST SIGN

Date 3-23-00

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 |
|--------|--------------------------------------|---|----------------------|
| P | Lemuel Teal | 1656 Starnes St. | Ft. Myers, FL 33916 |
| V | Fred Atkins | 1349 SE 4th Street | Cape Coral, FL 33990 |
| S | Isaac Brundage | 3850 Central Avenue | Fort Myers, FL 33901 |
| T | Frederick Morgan | 2196 Pauldo Street | Ft. Myers, FL 33916 |
| D | Richard A. Sapp | 3275 South Street | Ft. Myers, FL 33916 |
| D | Caleb Eady | 9793 Deerfoot Dr. | Fort Myers, FL 33919 |

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 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:

Lemuel Teal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lemuel Teal

3-23-00

Date

(941) 334-0827

Daytime Phone #