

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAY 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36032

1. Corporation Name

Pensacola Alumni Chapter of Kappa Alpha Psi Fraternity, Inc.

2. Principal Office Address - No P.O. Box #

1401 W. Gonzalez Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501-6412

Country

USA

3. Mailing Office Address

PO Box 18193

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32523-8193

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-6151498

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

KEVIN BAILEY

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

7101 JOY STREET

Suite, Apt. #, Etc.

APT J2

City

PENSACOLA

State

FL

Zip Code

32504

700285761257
05/12/16--01022--024 **1400.00

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

Kevin W. Bailey

REGISTERED AGENT MUST SIGN

Date 5/10/16

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	Kelsey D Powell	1200 Fort Smith Circle	Pensacola, FL 32505
V	Reginald Todd	4985 Genevive Court	Pensacola, FL 32526
T	Kevin Bailey	7101 Joy Street #J2	Pensacola, FL 32504
S	James Poindexter	1261 Mazurek Blvd	Pensacola, FL 32514
REINSTATEMENT			MAY 12 2016
			R. HUNT

10. E-mail Address: koepensacolaalumni@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kevin W. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/16

Date

Daytime Phone #