

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N49764*

1. Corporation Name

*Alpha Epsilon Chapter of
Pi Kappa Phi, Inc.*

2. Principal Office Address

11 Fraternity Row

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32603

Country

USA

3. Mailing Office Address

11 Fraternity Row

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32603

Country

USA

REINSTATEMENT *95-04*

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/92

5. FEI Number

59-0621369

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

John S. Rouse

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

4021 NW 60th Avenue

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32653

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *02-25-04*

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
PD	<i>Robert Stephen Shepherd</i>	<i>1427 NW 99th Terrace</i>	<i>Gainesville, FL 32606</i>
TD	<i>John S. Rouse</i>	<i>4021 NW 60th Avenue</i>	<i>Gainesville, FL 32653</i>
SD	<i>Julio C. Sarmiento</i>	<i>13718 NW 137th Terrace</i>	<i>Alachua, FL 32615</i>

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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/04 352-372-2534

Daytime Phone #

ROBERT STEPHEN SHEPHERD

CR2E081 (10/02)