

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W08 000017281

DOCUMENT # N49764

1. Corporation Name

Alpha Epsilon Chapter of Pi Kappa Phi, INC.

2. Principal Office Address - No P.O. Box #
11 Fraternity Row

Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip
32603

Country
US

3. Mailing Office Address
11 Fraternity Row

Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip
32603

Country
US

7. Name and Address of Current Registered Agent

Name
Craig Morrison

Street Address (P.O. Box Number is Not Acceptable)
4330 NW 22nd Terrace

Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32605

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

REGISTERED AGENT MUST SIGN

Date

3/18/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Donald D. Slesnick III	1250 Mendavia Ave	Coral Gables, FL 33146
V	Ted Tagalakakis	9925 Haynes Bridge Rd. Suite 200-105	Alpharetta, GA 30022
S	Bram Maravent	2421 NW 7th Street	Boynton Beach, FL 33426
T	Tim Hancock	660 Bay Laurel Ct. N.E.	St. Petersburg, FL 33703

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 contained in Chapter 119, 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:

Don Slesnick III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2008

Date

(305) 502-8501

Daytime Phone #

FILED

2008 JUL 21 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/21/08--01053--024 ***52.50

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REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 7/2/1992

5. FEI Number 590621369 Applied For
Not Applicable

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3. March JUL 21 2008