

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 SEP -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 95000001292**

1. Corporation Name

ALPHA PHI FOUNDATION OF ALPHA KAPPA PSI, INC.

800022700178
09/02/03--01047--006 **297.50

REINSTATEMENT 02-03

2. Principal Office Address
PO BOX 526 MATHERLY HAL

3. Mailing Office Address

PO BOX 526 MATHERLY HAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32602

Country

USA

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1995

5. FEI Number

593432316

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

Damian Perry

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

5450 SE 32nd Place

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34471

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

D. R. Perry
REGISTERED AGENT MUST SIGN

Date **8/28/03**

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	John Castelino	98 Larkwood Drive	Jackson, TN 38305
SD	Andrew Ingley	1125 W Wrightwood Ave #1E	Chicago, IL 60614
D	Rob Strosberg	10263 WhisperingForest Drive#1 #1001	Jacksonville, FL 32257
D	John Tessmer	502 S. Fremont Ave #424	Tampa, FL 33606
D	Greg Morris	327 Avenida La Cuesta	San Marcos, CA 92078
D	Christian Regan	5650 SW 74th Place #305	Coconut Creek, FL 33073

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:

Andrew Ingley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Ingley

08/20/2003 312-612-7697

Date

Daytime Phone #

CR2E081 (10/02)