-07/24/02--01018--017 *****35.00 *****35.00 City/ 215 NORTH LOLA DRIVE POST OFFICE BOX 2809 Office Use Only ORLANDO, FLORIDA 32802)CUMENT NUMBER(S), (if known): CORPORA (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy ■ Certificate of Status Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Direct ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFIC **OTHER FILINGS** Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 2002

LOWNDES DROSDICK DOSTER KANTOR & REED, P.A. POST OFFICE BOX 2809 ORLANDO, FL 32802

SUBJECT: THE DELTA TETARTON HOUSING ASSOCIATION OF PHI SIGMA

KAPPA, INCORPORATED Ref. Number: N99000002757

We have received your document for THE DELTA TETARTON HOUSING ASSOCIATION OF PHI SIGMA KAPPA, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 102A00045986

02 AUG -8 AM 8: 09
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

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, hereby resi	gn as Officer/Direc	ctor_		
ing MK	,			
exix Association of Ph	i Sigma Kappa, Ind	2 .	ı	
ame of Corporation)		 		
aws of the State ofFlo	rida		-	
been notified in writing of t	the resignation.			
M				
	ing MASSOCIATION OF Ph ame of Corporation) aws of the State ofFlo been notified in writing of the state ofFlo	ing Maria Association of Phi Sigma Kappa, Incame of Corporation)	ing Mark Association of Phi Sigma Kappa, Inc. ame of Corporation) aws of the State of	ing Mark Association of Phi Sigma Kappa, Inc. ame of Corporation) aws of the State of Florida been notified in writing of the resignation.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314