


09/08/23 90130 036 #6125

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 29 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **ND2000004278**

1. Corporation Name
THE KAPPA DELTA CHAPTER OF KAPPA SIGMA FRATERNITY HOUSING CORPORATION

2. Principal Office Address 4202 E. FOWLER AVE.		3. Mailing Office Address 4202 E. FOWLER AVE.	
Suite, Apt. #, etc. CTR 2443		Suite, Apt. #, etc. CTR 2443	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33620	Country USA	Zip 33620	Country USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida **6/14/02**

5. FEI Number **92-0548557**

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

7. Name and Address of Current Registered Agent


Name **MATTHEW K. MEHLTRETTER**

Street Address (P.O. Box Number is Not Acceptable)
6300 23rd AVENUE N.

Suite, Apt. #, Etc.

City **ST. PETERSBURG** State **FL** Zip Code **33710**

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.

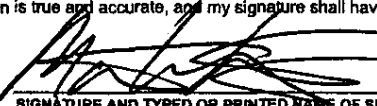
Signature of Registered Agent  Date **10/24/03**

REGISTERED AGENT MUST SIGN

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	MATTHEW K. MEHLTRETTER	6300 23rd AVENUE N.	ST. PETERSBURG / FL / 33710
S	CHRIS G. HUBNER	9030 TRANQUIL DR	SPRINGHILL / FL / 34606

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:  **MATTHEW K. MEHLTRETTER, PRESIDENT** 10/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/24/03** Daytime Phone # **(813) 319-1100**

CR2E081 (10/02)

October 24, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Kappa Delta Chapter of Kappa Sigma Fraternity Housing Corporation,
FEI # 82 - 0548557

To Whom It May Concern:

I received a notice from the State of Florida, Division of Corporations, at the end of September stating that I needed to resend form #N02000004278 for The Kappa Delta Chapter of the Kappa Sigma Fraternity Housing Corporation because line 4 was not filled in. When I originally sent the form, I enclosed a check for \$61.25 for the renewal fee. That check was cashed and I mailed back the original form to the address on file regular mail. However, when I called today, I was informed that the form was not received and as a result, the corporation was dissolved. I am resending a copy of the original form and a Corporation Reinstatement form to resolve this matter. I was told by the individual I spoke with over the phone that all I needed to do was send this in and explain that my check for the renewal fee has already been paid allowing the State to reinstate our corporation immediately without having to pay a penalty. I appreciate your immediate attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew K. Mehlretter', with a long, sweeping horizontal line extending to the right.

Matthew K. Mehlretter
President, The Kappa Delta Chapter of Kappa Sigma Fraternity Housing Corporation