

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 17 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763156 (7)

1. Corporation Name  
THETA BETA HOUSE CORPORATION, INC.

2. Principal Office Address  
101 E. MAHONEY ST.

Suite, Apt. #, etc.

3. Mailing Office Address  
101 E. MAHONEY ST.

Suite, Apt. #, etc.

City & State  
PLANT CITY, FL.

Zip Country  
33566 USA

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PLANT CITY, FL.

Zip Country  
33566 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/06/1982

5. FEI Number 59-2347926  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
RAULERSON, DANIEL D.

Street Address (P.O. Box Number is Not Acceptable)  
101 E MAHONEY ST.

Suite, Apt. #, Etc.

City  
PLANT CITY

600004845048--8

~~01/30/02~~ ~~01059~~ 028

\*\*\*\*122.50 \*\*\*\* 22.50

State Zip Code  
FL 33566

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 1/15/02

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	DR. RICHARD T. BOWERS	11401 SUNCREEK PL. TEMPLE TERRACE FL 33617	
VP	DANIEL D. RAULERSON	101 E. MAHONEY ST. PLANT CITY, FL 33566	
D	VICTOR CRIST	5118 N. 56TH ST.	TAMPA, FL.

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]* DANIEL D. RAULERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/15/02 813-752-6604  
Daytime Phone #

CR2E081 (9/01)