2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007276

Entity Name: SIGMA CHI AT MIAMI CORPORATION

FILED Nov 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6100 SAN AMARO DR CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

6100 SAN AMARO DR CORAL GABLES, FL 33146

FEI Number: 20-5228798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDBERG, ADAM S
1792 BELL TOWER LN
WESTON, FL 33326 US
NETTESHEIM, KYLE A
6100 SAN AMARO DRIVE
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KYLE A. NETTESHEIM 11/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: FASULLO, JOE Name: NETTESHEIM, KYLE A

Address: 6100 SAN AMARO DR Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete Title: D (X) Change () Addition Name: EISENBERG, SCOTT FD Name: ROMOT, BRIAN

Name: EISENBERG, SCOTT FD Name: ROMOT, BRIAN
Address: 6100 SAN AMARO DR Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 FERNALD, VINCENT
 Name:
 MATIAUDA, AGUSTIN

 Address:
 3000 NE 5TH TERRACE - # A208
 Address:
 PO BOX 430166

 City-St-Zip:
 WILTON MANORS, FL 33334
 City-St-Zip:
 SOUTH MIAMI, FL 33243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE A. NETTESHEIM D 11/02/2008