

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 18 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 700469**

**1. Corporation Name**

Rho Chapter of Sigma Sigma Sigma  
Sorority House, Inc.

**2. Principal Office Address - No P.O. Box #**

833 W. Jefferson Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

**3. Mailing Office Address**

833 W. Jefferson Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/16/59

**5. FEI Number**

59-0918949

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

Judith H. Porter

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

123 Ferndale Drive

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Judith H. Porter*  
REGISTERED AGENT MUST SIGN

Date

8/5/09

**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/D	Linda W. Hills	2636 Scott Mill Lane	Jacksonville, FL 32223
V/D	Karen K. Waterfield	4397 Old Bayou Trail	Destin, FL 32541
T/D	Judith H. Porter	123 Ferndale Drive	Tallahassee, FL 32301
S	Linda Rumsey	7068 Atascadero Lane	Tallahassee, FL 32307
<b>REINSTATEMENT</b> <i>RH</i>			

**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 contained in Chapter 119, 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:**

*Linda W. Hills*

Linda W. Hills, President/Director

8/5/09

Date

904-708-6536

Daytime Phone # (cell)