


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06-07

FILED

2007 JAN 29 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # 714496 | |  |
| 1. Entity Name BETA ETA HOUSE CORPORATION, INC., OF TALLAHASSEE, FLORIDA | | |

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| Principal Place of Business 423 W. COLLEGE AVENUE TALLAHASSEE, FL 32301-1498 | Mailing Address P. O. BOX 246 TALLAHASSEE, FL 32302 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 180 S. Cherry St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite E |
| City & State | City & State Monticello, FL |
| Zip | Country 32344 Jefferson |



01252007 REIN-NP CR2E099 (1/07)

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|---|--------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MURPHY, BRIAN P 8470 OLD CHEMONIE RD TALLAHASSEE, FL 32309 | 7. Name and Address of New Registered Agent Name Thomas R. Hogle Street Address (P.O. Box Number is Not Acceptable) 180 S. Cherry St Suite E City Monticello FL Zip Code 32344 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas R. Hogle 1/25/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$297.50 | Make check payable to Florida Department of State |
|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MURPHY, BRIAN P 9170 OLD CHEMONIE RD. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MUELLER, CHRIS 3001 W SAN JOSE ST TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHALOW, JIM 3207-2 SHAMROCK E TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100087202771 02/05/07--01003--013 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOGEL, TOM 205 N. RHODES ST. MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hogle, Tom 180 S. Cherry St Suite E Monticello, FL 32344 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARKS, ELI 5984 COLONEL SCOTT DR. TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FISHER, DOUG 604 N BRONOUGH TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas R. Hogle 1/25/2007 880 947-0438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #