PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT				DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS				SECRETARY OF STATE TALLAHASSEE, FLORIDA 07 OCT 30 PM 2: 53	
DOCUMENT # 733514							1		
Epsilon Zeta of Sigma Chi, Inc.							REM	STATEMENT 05,06,00	
					Box 12246		00 10/31/	1 0111509010 /0701001008 CRZE081 (1707)	
Suite, Apt. #, etc. Suite, Apt. #				etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/6/1975			
City & State Tallahassee, Florida City & State Tallah				assee, Florida			47428 Applied For Not Applicable		
^{Zip} 32308	32308 USA Zip 32308 USA 32			17 USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent							·		
Richard E. Benton						The reinstatement fee is imposed, except in			
						circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 1415 East Piedmont Drive						the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Suite 4 Ltc.									
Tallahassee					State FL	32308	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						note 10/30/07			
Registered	Agent	RE	GISTERED AG	ENT MUST	SIGN			Date	
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	
Р	Scott Jenkins			1001 Thomasville Road			Road	Tallahassee, Florida 32303	
S	Richard E. Benton			1415 East Piedmont Drive, Suite 4			ive, Suite 4	Tallahassee, Florida 32308	
D	Michael F. Taggert				6863 Buck Lake Road			Tallahassee, Florida 32311	
D	Michael J.Thomas				215 South Monroe Street			Tallahassee, Florida 32301	

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 filling 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.

Post Office Box 4128

7025 Hanging Vine Way

SIGNATURE:

D

D

Jack E. Kiker, III

Ray Phelps

Richard E. Bento

10/30/07

(850) 297-0990

Daytime Phone #

Tallahassee, Florida 32315

Tallahassee, Florida 32317