

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 764523

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA EPSILON CHAPTER OF SIGMA ALPHA EPSILON HOUSING CORPORATION, INC.

**Current Principal Place of Business:**

4321 GREEK PARK DRIVE  
ORLANDO, FL 32816 US

**New Principal Place of Business:**

**Current Mailing Address:**

4321 GREEK PARK DRIVE  
ORLANDO, FL 32816 US

**New Mailing Address:**

**FEI Number:** 59-2968064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESS, MIKE CPA  
2876 OLD CASTLE DRIVE  
WINTER PARK, FL 32792 US

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

HESS, MIKE CPA  
915 OUTER ROAD  
SUITE 100  
ORLANDO, FL 32814 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: MIKE HESS

10/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HALL, LINDA J  
Address: 9950 LINGWOOD TR  
City-St-Zip: ORLANDO, FL 32817

Title: T ( ) Delete  
Name: HESS, MIKE  
Address: 2876 OLD CASTLE DR  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: PINN, MIKE  
Address: 5754 MAGNOLIA BLOOM  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete  
Name: ZOOCK, STUART  
Address: 729 MINERVA LN  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HESS, MIKE  
Address: 5117 FENWOOD LANE  
City-St-Zip: ORLANDO, FL 32814

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE HESS

T

10/23/2006

Electronic Signature of Signing Officer or Director

Date