2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#770162

FILED Oct 10, 2005 Secretary of State

Entity Name: ETA PHI CHAPTER ALUMNI ASSOCIATION, INC.

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

640 N SEMORAN BLVD 640 N SEMORAN BLVD

ORLANDOPARK, FL 32807 ORLANDOPARK, FL 32807 US

Current Mailing Address: New Mailing Address:

640 N SEMORAN BLVD ORLANDO, FL 32807 640 N SEMORAN BLVD ORLANDO, FL 32807 US

FEI Number: 59-2983461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

KOZLOWSKI, CHRISTOPHER L 640 N.SEMORON BLVD ORLANDO, FL 32807 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: CHRISTOPHER L. KOZLOWSKI

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DIR () Delete
 Title:
 D (X) Change () Addition

 Name:
 KOZLOWSKI, CHRISTOPHER
 Name:
 KOZLOWSKI, CHRISTOPHER L

 Address:
 640 N SEMORAN BLVD
 Address:
 640 N SEMORAN BLVD

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: DIR () Delete Title: D (X) Change () Addition

Name: AHEARN, BRIAN Name: BELL, SCOTT D

Address: 300 S.ORANGE AVE.STE 975 Address: 455 SOUTH ORANGE AVENUE, SUITE 400

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 US

Title: DIR () Delete Title: D (X) Change () Addition

 Name:
 HAMMERT, MICHAEL
 Name:
 SIMON, RALPH

 Address:
 640 N.SEMORAN BLVD
 Address:
 640 N.SEMORAN BLVD

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER L. KOZLOWSKI D 10/10/2005