

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000000634 1. Entity Name OMICRON PSI OMEGA INC.				 <div style="text-align: right; margin-top: 10px;"> FILED 04 OCT 13 PM 3:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT </div>	
Principal Place of Business 3380 FRED GEORGE RD-504 TALLAHASSEE, FL 32303 US		Mailing Address 3380 FRED GEORGE RD-504 TALLAHASSEE, FL 32303 US			
2. Principal Place of Business 3966 Gaffney Loop Suite, Apt. #, etc.		3. Mailing Address 3966 Gaffney Loop Suite, Apt. #, etc.			
City & State Tallahassee, FLA		City & State Tallahassee, FLA		4. FEI Number NOT APPLICABLE	
Zip US		Zip 32303		Country US	
6. Name and Address of Current Registered Agent GERMAN, RASHETTA 3380 FRED GEORGE RD-3966 Gaffney Loop TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Rashetta</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ANGELINA B		NAME	Lillian F. Nelson	
STREET ADDRESS	603 E CALL STREET APT 810		STREET ADDRESS	2125 Jackson Bluff Rd #1203	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FLA 32304	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLES, GIOVONNIE S		NAME	Lora B. Monlyn	
STREET ADDRESS	803 TEAGUE DR		STREET ADDRESS	2600 Micossee Ap 108	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FLA 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, SHARRON R		NAME	Taryn Wharwood	
STREET ADDRESS	803 TEAGUE DR		STREET ADDRESS	2203 W. Pensacola St Apt I-8	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FLA 32304	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAN, RASHETTA G		NAME		
STREET ADDRESS	3380 FRED GEORGE RD APT 504 3966 Gaffney Loop		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Rashetta</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date Daytime Phone #	