PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND FILING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 12 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02407

1 Corporation Name Mu Beta Zeta Chapter, Inc.
Zet Phi Beta Sorority
710 S.W. Houston Ave
Live Oak, Fl. 32060 IN96-249B

Principal Place of Business: Live Oak, Fl.

Mailing Address: 710 S. W. Houston Ave
Live Oak, Fl. 32060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-98 12/12/96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
NA	NA
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1983

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED NA ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LaFrances W. Stephens	710 Houston Av. S.W	Live Oak, Fl. 32060
T	LaFrances Greggs	909 N.W. Second St.	Live Oak, Fl. 32060
D S	Ruth R. Linton	16447 115th Rd	McAlpin, Fl. 32062
D S	Evelyn Jackson	7871 County Road 417	Live Oak, Fl. 32060
D Fin.S	Rita L. Brown	1204 Railroad Ave	Live Oak, Fl. 32060
C	Mary Frances Martin	518 S. Houston Ave	Live Oak, Fl. 32060

8. Name and Address of Current Registered Agent

Ruth R. Linton
16447-115th Rd.
McAlpin, Fl. 32062

9. Name and Address of New Registered Agent

Name: Evelyn Jackson D
Street Address (P.O. Box Number is Not Acceptable): 7871 County Road 417
Suite, Apt. #, Etc:
City: Live Oak, State: FL Zip Code: 32060

CR2E040 (12/95)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Ruth R. Linton D
REGISTERED AGENT MUST SIGN

Date: 11/8/96

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-12/18/96--01003--008
****420.00 ****420.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filing 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Rita L. Brown Rita L. Brown D 11/8/96 (904) 364-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #