PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000001795

1. Corporation Name: Beta Nu Alumni Housing Foundation, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2115 S. Martin Luther King Blvd | 1432 E. 71st Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee, FL | City & State: Chicago, IL |
| Zip: 32301 Country: USA | Zip: 60619 Country: USA |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 2/22/2005

5. FEI Number: 20-2304287 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee is required for a Certificate of Status

FEB 07 2014
K. HUNT

**REINSTATEMENT**

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02/07/14--01023--015 **553.25

7. Name and Address of Current Registered Agent

Name: Korey T. Taylor
Street Address (P.O. Box Number is Not Acceptable): 4245 Enders St.
Suite, Apt. #, etc.: #103
City: Orlando State: FL Zip Code: 32814

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 Registered Agent: Korey T Taylor — Date: 2/4/14
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Pres | E. Charles Frazier | 4909 N. Monroe Street | Tallahassee, FL 32303 |
| Treas | Gregory Gilmore | 9246 So. Normal | Chicago, IL 60620 |
| Secty | Lorin Crenshaw | 3730 W Christina | Prairieville, LA 70769 |
| D | Joel K. Johnson | 1432 E. 71st Place | Chicago, IL 60619 |
| D | Broder H. Hartley, Jr. | 2115 S. Martin Luther King | Tallahassee, FL 32301 |
| D | Samuel Horton IV | 2115 S. Martin Luther King | Tallahassee, FL 32301 |

10. E-mail Address: joelk.johnson@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joel K. Johnson — 2/4/14 — (773) 592-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #