2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
10 DEC 20 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011129

1. Entity Name
SIGMA NU BETA, INCORPORATED

Principal Place of Business	Mailing Address
343 WILSON GREEN BLVD TALLAHASSEE, FL 32301	343 WILSON GREEN BLVD TALLAHASSEE, FL 32301

12172010 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, FELECIA M 343 WILSON GREEN BLVD TALLAHASSEE, FL 32301	Name: Ayana Y. Powell Street Address (P.O. Box Number is Not Acceptable): 1515 Paul Russell Rd. Apt. 21 City: Tallahassee FL Zip Code: 32301

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: Ayana Y. Powell 12/20/10
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2011, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENRY, CIARA 2390 PARROT LANE TALLAHASSEE, FL 32303	☐ Delete	PD Ayana Powell 1515 paul Russell Rd Apt 21 Tallahassee FL, 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAWSON, KEIRSTEN 2390 PARROT LANE TALLAHASSEE, FL 32303	☐ Delete	VP Porscha Jackson 1327 high rd Apt 57 Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, STEPHANIE 2421 JACKSON BLUFF RD APT 334B TALLAHASSEE, FL 32304	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMALL, KIARA 2390 PARROT LANE TALLAHASSEE, FL 32303	☒ Delete	000188867390 12/21/10--01002--024 **245.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JILES, LATASHA 307 COCHRAN RD CHATTAHOOCHEE, FL 32324	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS-CAIN, TANAE 2421 JACKSON BLUFF RD APT 334B TALLAHASSEE, FL 32304	☒ Delete	REINSTATEMENT	☐ Change ☐ Addition
				☐ Change ☐ Addition
			ILH 12-10	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ayana Y. Powell 12/20/10 407-230-7269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #