2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12376

FILED Nov 15, 2008 Secretary of State

Entity Name: EPSILON EPSILON ZETA CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 555682 ORLANDO, FL 32855 US **Current Mailing Address: New Mailing Address:** PO BOX 555682 ORLANDO, FL 32855 FEI Number: 59-6178356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: SMITH, SONIA ROYAL, LASHONDA 11426 PINEWOOD COVE LN 1341 KINTLA RD ORLANDO, FL 32817 US APOPKA, FL 32712 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: LASHONDA ROYAL 11/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete ROYAL, LASHONDA N Name: Name: 1341 KINTLA ROAD Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LIGONS, TANITA Name: SISSOKO, SCHELLIE Address: P.O. BOX 555682 Address: 3011 STILLWATER DR City-St-Zip: ORLANDO, FL 328555682 US City-St-Zip: KISSIMMEE, FL 34743 US Title: 2VP () Delete Title: 2VP (X) Change () Addition FANFAN-SISSOKO, SCHELLIE EVANS, DEBORAH Name: Name: 23718 WOLF BRANCH RD Address: PO BOX 555682 Address: City-St-Zip: ORLANDO, FL 32855 City-St-Zip: SORRENTO, FL 32776 Title: ST () Delete Title: () Change () Addition Name: HARDY, KRISTLE Name: PO BOX 555682 Address: Address: City-St-Zip: ORLANDO, FL 32855 City-St-Zip: Title: () Delete Title: TRES (X) Change () Addition SMITH, SONIA OSBORNE, DIANE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

3107 HOLLAND DRIVE

ORLANDO, FL 32825

SIGNATURE: LASHONDA ROYAL **PRES** 11/15/2008

11426 PINEWOOD COVE LN

ORLANDO, FL 32817

Address:

City-St-Zip: