

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 FEB -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 30704*

1. Corporation Name

*Nu Beta Sigma Chapter of Phi
Beta Sigma Fraternity, Incorporated*

2. Principal Office Address

8905 Castle Blvd.

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

Zip

32208

Country

USA

3. Mailing Office Address

8905 Castle Blvd

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

Zip

32208

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida *June, 1997*

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~Other~~

7. Name and Address of Current Registered Agent

Name

Isiah J. Williams, III

Street Address (P.O. Box Number is Not Acceptable)

8905 Castle Boulevard

Suite, Apt. #, Etc.

N/A

City

Jacksonville

State

FL

Zip Code

32208

500003125755-8

-02/07/00-01100-002

*****673.75 ****673.75*

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

Isiah J. Williams, III

REGISTERED AGENT MUST SIGN

Date

1/31/00

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
<i>D</i> Pres.	<i>Reginald Estell, Jr.</i>	<i>505 N. Liberty Street</i>	<i>Jacksonville, FL 32202</i>
<i>D</i> Sec.	<i>Rodney Anderson</i>	<i>8348 Earl Circle, West</i>	<i>Jacksonville, FL 32219</i>
<i>D</i> Treas.	<i>Ronald Lott</i>	<i>1925 N. Laura Street</i>	<i>Jacksonville, FL 32207</i>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Reginald Estell, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/00 904 356-7343

Daytime Phone #