

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N30704

**FILED**  
**Oct 04, 2004**  
**Secretary of State****Entity Name:** NU BETA SIGMA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.**Current Principal Place of Business:**8905 CASTLE BLVD.  
JACKSONVILLE, FL 32208**New Principal Place of Business:****Current Mailing Address:**P O BOX 40882  
JACKSONVILLE, FL 32203**New Mailing Address:****FEI Number:** 59-2958906**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARMOTRADING, GREGORY P ESQ  
505 N LIBERTY STREET  
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESTELL, REGINALD JR.  
Address: 505 N. LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete  
Name: GOOCH, RODERICK  
Address: 7957 MACINNES DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete  
Name: LOTT, RONALD  
Address: 1925 N. LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: ESTELL, REGINALD JR.  
Address: 505 N. LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WRIGHT, WILLIAM  
Address: 5042 CAPE ROMAIN COURT  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Change (X) Addition  
Name: CLAYTON, PRENTIS III  
Address: 3856 FERNGLLEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: PRENTIS CLAYTON

PD

10/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date