PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
03 AUG 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-30904

1. Corporation Name
Nu Beta Sigma Chapter of Phi Beta Sigma Fraternity, Inc.

2. Principal Office Address
8905 Castle Blvd.

Suite, Apt. #, etc.
N/A

City & State
Jacksonville, FL

Zip
32208

Country
USA

3. Mailing Office Address
P.O. Box 40882

Suite, Apt. #, etc.
N/A

City & State
Jacksonville, FL

Zip
32203

Country
USA

02-03

4. Date Incorporated or Qualified To Do Business in Florida June, 1997

5. FEI Number 59-2958906 | Applied For | ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ | $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gregory P. Armstrading, Esq.

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

6000222925-45
08/13/03--01076--001 **30 .25 306.25

Suite, Apt. #, Etc.
N/A

City
Jacksonville

State
FL

Zip Code
32202

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 _____ Date 8/12/03

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	Reginald Estell, Jr.	505 N. Liberty Street	Jacksonville, FL 32202
Sec	Roderick Gooch	7957 Macinnes Drive	Jacksonville, FL 32244
Treas	Ronald Lott	1925 N. Laura Street	Jacksonville FL 32207

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. 8/12/03 904 356-7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (10/02)

THE LAW OFFICE OF
REGINALD ESTELL, JR, P.A.
505 N. Liberty Street
Jacksonville, Florida 32202

(904) 356-7343
Fax: (904) 353-2395
Email: Rejr1@aol.com

Reginald Estell, Jr.
ATTORNEY-AT-LAW

SPEED LETTER

TO: *Division of Corporations*

FROM: *Atty Estell*

DATE: *8/12/03*

PLEASE SEE THE BOX OR SECTION
MARKED BELOW FOR THE INFORMATION
THAT APPLIES TO YOU AT THIS TIME.
WE ARE USING THIS FORM TO
EXPEDITE HANDLING.

RE: *Nu Beta Sigma Chpt of Phi Beta Sigma*

___ THE ENCLOSED is for your information. NO REPLY is necessary. We are just keeping you informed as to matters on your case.

___ PLEASE CALL the office. _____

If the attorney is not available, please speak to: _____

___ I NEED TO MEET WITH YOU. Please call and make an appointment. _____

X THE ENCLOSED DOCUMENT IS ~~NOTICE OF~~: *Corporation Reinstate-ment and $306.25 check*

___ I HAVE TRIED TO (contact you/return your call), with no success. Please call. If the attorney is not available, leave the telephone numbers where you can be reached.

___ PLEASE COMPLETE the enclosed form(s). _____

___ Please be accurate. (This is an original form)
___ This is a draft/copy. (We will review and type final reply)
___ Return in self-addressed, stamped envelope.
___ Just sign and return. _____

X OTHER: *Please Reinstate as soon as possible and return Certificate of Status. Please note The mailing address change. We would appreciate a waiver of the $175 fee. We did not receive the Annual Report at The Castle address.*