2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002655

Entity Name: EPSILON SIGMA HOUSE CORPORATION

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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112 S WOODWARD AVENUE TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

1039 SILCOX BRANCH CIRCLE 570 JEFFERSON DRIVE #110 OVIEDO, FL 32765 DEERFIELD BEACH, FL 33442

FEI Number: 59-6139255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

RODRIGUEZ, DIEGO ACA 435 N ORANGE AVENUE ORLANDO, FL 32801 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: DIEGO RODRIGUEZ

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: YORK, JEFFREY Name: YORK, JEFFREY

 Address:
 1039 SILCOX BRANCH CIRCLE
 Address:
 570 JEFFERSON DRIVE #110

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 DEERFIELD BEACH, FL 33442

Title: VPT () Delete Title: () Change () Addition

 Name:
 MACCARRONE, NICHOLAS M
 Name:

 Address:
 1700 WOODBURY ROAD #905
 Address:

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 LUESCHER, EMMETT M
 Name:

 Address:
 95 EAST ENSLEY ST.
 Address:

 City-St-Zip:
 PENSACOLA, FL 32534
 City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 COPASSAKI, JOHN H
 Name:

 Address:
 4710 NW 114 AVENUE
 Address:

 City-St-Zip:
 SUNRISE, FL 33323
 City-St-Zip:

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: JEFFREY A YORK PD 10/11/2005