PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N9300002655 1. Corporation Name					Secretary of State		OS AUG 27 PM 7: 31 SECRETARY LI STATE TALLAHASSEE, FLORIDA	
Epsilon Sigma House Corporation							/	
2. Principal Office Address - No P.O. Box # 3. Mailing C					Office Address		POTATION ALL AND	
152 Nottingham Place 152 N				gham Pl	lace	们显而	13 1 Care 6 1 1 2 67) 18 1 00 08	
Suite; Apt. #, etc. Suite, Apt				#, etc.			porated or Qualified	
City & State City & State						To Do Business In Florida 7/2/1954		
Boynton Beach, FL Boynto				n Beach, FL				
Country			Zip		Country	6.	RRIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
3426 USA		33426		USA	CERTIFICAT			
7. Name and Address of Current Registered /								
Name						The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable)						circumstances which the entity did not receive		
976 Lake Baldwin Lane							the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc. Suite 101						received and requesting the reinstatement		
city. Orlando					State Zip Code		* waived. 200135006302 27/0901031002 **183.75	
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							Date 08/26/2008	
Registered Agent REGISTERED AGENT MUST SIGN							540	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Name of Officers and/or Directors							City / State / Zip	
Jeffrey York,				152 Nottingham Place			Boynton Beach, FL 33426	
E Michael Luescher				761 Whitney Drive			Pensacola, FL 32503	
Scott B. Barloga				2636 Jenks Avenue			Panama City, FL 32401	
G. Andrew Hohn				11314 N. Hamner Avenue			Tampa, FL 33612	
Shane Fuller				13700 Sutton Arke Dr, N., Apt 1423		Apt 1423	Jacksonville, FL 32224	
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 tees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: SIGNATURE: Details And Typic On Empirication description of the corporate name of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.								
	JMENT tion Name on Sigm of Office Address tingham Pi , etc. Beach, Fl Woody" Ro ress (P.O. Box a Baldwin Etc. 1 Agent and Street Add Jeffrey Yo E Michael Scott B. E G. Andrew Shane Fu that I am an of stratement app y the corporatic application is tr	JMENT # Notion Name On Sigma Holder Officer Of	JMENT # N9300000 JOMENT # N93000000 JOMENT # N930000000 JOMENT # N930000000 JOMENT # N930000000 JOMENT # N930000000000 JOMENT # N93000000000000000000000000000000000000	STATEMENT STATEMENT JMENT # N93000002655 tion Name On Sigma House Corporation Poffice Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 152 Notting Ingham Place 152 Notting Lountry 2ip USA 33426 7. Name and Address of Current Register Poody" Rodriguez Tess (P.O. Box Number is Not Acceptable) Baldwin Lane #, Etc. 1 Agent REGISTERED AGE and Street Addresses of Each Officer and/or Director (Florical Name of Officers and/or Directors) Jeffrey York, E Michael Luescher Scott B. Barloga G. Andrew Hohn Shane Fuller Shane Fuller	FLORIDA DEPART Secretary Secretary DIMENT # N93000002655 tion Name On Sigma House Corporation Poffice Address - No P.O. Box # tingham Place Suite, Apt #, etc. City & State Beach, FL Country USA 33426 7- Name and Address of Current Registered Agent Woody* Rodriguez ress (P.O. Box Number is Not Acceptable) Baldwin Lane #, Etc. REGISTERED AGENT MUST Agent REGISTERED AGENT MUST Agent REGISTERED AGENT MUST And Street Addresses of Each Officer and/or Director (Florida nonprof Officers and/or Directors) Jeffrey York, E Michael Luescher G. Andrew Hohn Shane Fullier 13700.5 The Agent Secretary Secretary DMISION OF CO. The Addresses of Each Officer and/or Director (Florida nonprof Officers and/or Directors) Latt I am an officer or director or the receiver or trustee empowered to estatement application, the reason for diasolution has been eliminated, by the corporation have been paid and the markes of individuals listed or application is true and accurate, and my signature shall have the same application is true and accurate, and my signature shall have the same application is true and accurate, and my signature shall have the same accurate.	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS JUNEAU # N93000002655 JUNEAU # N930000002655 JUNEAU # N93000000000000000000000000000000000000	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS JUMENT # N93000002655 JUMENT # N930000002655 JUMENT # N9300000002655 JUMENT # N9300000002655 JUMENT # N93000000000000000000000000000000000000	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR