

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 27 PM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002655

1. Corporation Name

Epsilon Sigma House Corporation

2. Principal Office Address - No P.O. Box #

152 Nottingham Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Office Address

152 Nottingham Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/1954

5. FEI Number

59-6139255

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

Diego "Woody" Rodriguez

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

976 Lake Baldwin Lane

Suite, Apt. #, Etc.

Suite 101

City

Orlando

State

FL

Zip Code

32814

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

200135006302

08/27/08--01031--002 \*\*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  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

08/26/2008

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
PD/S	Jeffrey York,	152 Nottingham Place	Boynton Beach, FL 33426
VP	E Michael Luescher	761 Whitney Drive	Pensacola, FL 32503
T	Scott B. Barloga	2636 Jenks Avenue	Panama City, FL 32401
S	G. Andrew Hohn	11314 N. Hamner Avenue	Tampa, FL 33612
S	Shane Fuller	13700 Sutton Arke Dr, N., 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 fees 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/17/08 561-910-0578

REINSTATEMENT 06-08