PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005533

1. Corporation Name
Beta Tau Chapter House Corporation of Sigma Kappa Sorority

REINSTATEMENT 9850

2. Principal Office Address	3. Mailing Office Address
1108 E. Panhellenic Dr.	c/o Sherri L. Johnson
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 3269
City & State: Gainesville, FL	City & State: Sarasota, FL
Zip: 32601 Country: USA	Zip: 34230 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: December 2, 1993

5. FEI Number: 593189916 ☐ 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: Sherri L. Johnson

Street Address (P.O. Box Number is Not Acceptable): 330 S. Orange Ave.

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34236

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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 11-27-2000
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.	Peggy Allguire	205 Palm St.	Windermere, FL 34786
VP/Sec/ Treas.	Rowena Keith	666 Kenwick Dr. #102	Casselberry, FL 32707
Dir.	Kathryn Schmaus	2207 Winter Woods Blvd.	Winter Park, FL 32792
Dir.	Sherri Johnson	275 Heron's Run Dr. #718	Sarasota, FL 34232
Dir.	Wid Desarmes	1108 E. Panhellenic Dr.	Sarasota, FL 32601
Dir.	Jen McCartney	1108 E. Panhellenic Dr.	Sarasota, FL 32601

LS

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: _____ 11-27-2000 (941) 952-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherri L. Johnson, Director
Date Daytime Phone #