

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:03

DOCUMENT # N95000004411

1. Corporation Name

BETA ETA SIGMA NATIONAL HONORARY, INC.

Principal Place of Business

Mailing Address

145 TIGERT HALL  
UNIV OF FLA. BOX 113050  
GAINESVILLE FL 32611

145 TIGERT HALL  
UNIV OF FLA. BOX 113050  
GAINESVILLE FL 32611

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1995

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HART, JACQUELYN D PH.D.	1236 S.E. 13TH AVENUE	GAINESVILLE FL 32602
D	SCOTT, JAMES E PH.D.	821 MASTERS DRIVE	STONE MOUNTAIN GA 30087
D	PARKER, AVA LORA	352 TIGERT HALL, UNIVERSITY OF F	GAINESVILLE FL 32611
D	HILLIARD, QUINCY C PH.D.	104 BRICKERTON	LAFAYETTE LA 70508
D	WILSON, ANITRA CURLEY PH.D.	1555 DELANEY DRIVE, APT. 1406	TALLAHASSEE FL 32308
D	FOUNTAIN, JUANITA C PH.D.	352 TIGERT HALL, UNIVERSITY OF F	GAINESVILLE FL 32611

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HART, JACQUELYN D  
145 TIGERT HALL, UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611

Name  
Street Address (P.O. Box Number, Street Address)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 9-16-00

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-392-6004

CR2E040 (8/99)