

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 APR -8 PM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005289**

1. Corporation Name

**ZETA ZETA HOUSE CORPORATION OF THE SIGMA NU FRATERNITY, INC.**

Principal Place of Business

P.O. BOX 225  
TALLAHASSEE FL 32302-0225  
US

Mailing Address

P.O. BOX 225  
TALLAHASSEE FL 32302-0225  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1996

5. FEI Number

59-3417748

Applied For

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
PD	GOOLSBY, MATT	230 PRESTON OAKS DR	ALPHARETTA GA 30022
TD	<del>JAGDMANN, P. JASON</del> ZUKOSKI, BRIAN	<del>944 EMPRESS LANE</del> 27728 SKY LAKE CIRCLE	<del>ORLANDO FL 32825</del> WESLEY CHAPEL FL 33543
SD	BROWN, KYLE WHITE, DOUGLAS	1805 MAIN ST., SUITE 606 1436 LAKE HIGHLAND DR	SARASOTA FL 34236 ORLANDO FL 32803

8. Name and Address of Current Registered Agent

~~VOIGT, STEPHEN F JR~~  
~~41-2444 BEE RIDGE RD~~  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 4/4/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02

727-539-7429

CR200-00 (801)