

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 NOV -2 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005289

1. Corporation Name

Zeta Zeta House Corporation of the
Sigma Nu Fraternity, Inc.

2. Principal Office Address

6753 Thomasville Rd

Suite, Apt. #, etc.

Suite 108-125

City & State

Tallahassee, FL

Zip

32312

Country

Leon

3. Mailing Office Address

6753 Thomasville Rd

Suite, Apt. #, etc.

Suite 108-125

City & State

Tallahassee, FL

Zip

32312

Country

Leon

REINSTATEMENT
CR2E081 (8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

593417748

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

Stephen F. Voigt Jr.

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

2042 Bee Ridge Rd

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

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

10/31/05

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
P/D	Matthew Goolsby	230 Preston Oaks Dr	Alpharetta, GA 30022
T/D	Arlin Beachy	4950 W. Kennedy Blvd. Suite 610	Tampa, FL 33609
S/D	Douglas White	1333 Black Widow Tr	Altamonte Springs, FL 32714

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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:

Matthew J Goolsby Matthew Goolsby

10-14-05

678-458-2842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20