2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000006967

FILED Apr 06, 2005 Secretary of State

Entity Name: DELTA SIGMA HOUSE CORPORATION OF GAMMA PHI BETA SORORITY, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 313 1260 POTOMAC DRIVE

MELBOURNE, FL 329020313 MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

P O BOX 313 1260 POTOMAC DRIVE

MELBOURNE, FL 329020313 MERRITT ISLAND, FL 32952

FEI Number: 59-3500685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, COLEEN V 1260 POTOMAC DRIVE MERRITT ISLAND, FL 32952

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: COLEEN V. TAYLOR

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD () Delete Title: PRES (X) Change () Addition

 Name:
 PONANDER, LILIANA
 Name:
 SWINT, ALLISON

 Address:
 102 ATLANTIC AVE
 Address:
 3834 NW ARCHER ST, #102

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 LAKE CITY, FL 32055

Title: PD () Delete Title: VP (X) Change () Addition Name: WEINER, DEBBIE Name: NICHOLS, CHERYL

Address: 1305 PEPPER TREE PLACE Address: 9607 N 55TH STREET, APT. A
City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VDT () Delete Title: TRES (X) Change () Addition

Name:TAYLOR, COLEENName:TAYLOR, COLEENAddress:1260 POTOMAC DRIVEAddress:1260 POTOMAC DRIVECity-St-Zip:MERRITT ISLAND, FL 32922City-St-Zip:MERRITT ISLAND, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLEEN V. TAYLOR TRES 04/06/2005