

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -5 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003671

1. Corporation Name

THE JUSTICE COALITION, INC.

2. Principal Office Address

6302 San Juan Avenue

3. Mailing Office Address

6302 San Juan Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3329348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

900011879639
02/05/03--01041--004--\$297.50
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

H. Leon Holbrook, Esquire

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

One Independent Drive,

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

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

H. Leon Holbrook
REGISTERED AGENT MUST SIGN

Date January 30, 2003

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.	Ted M. Hires	7037 Seneca Avenue	Jacksonville, FL 32210
VP Director	Luther, Baxter	8209 Ft. Caroline Rd.	Jacksonville, FL 32277
Sec/ TREA	Wilson, C	3030 Hartley Rd. Suite 120	Jacksonville, FL 32257
Director	Bailey, J.	10 N. Newnan St.	Jacksonville, FL 32202
Director	Kemp, Charles	2240 Dennis St.	Jacksonville, FL 32204

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: *Ted M. Hires*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted M. Hires, President 1/31/03

Date

(904) 783-6312

Daytime Phone #

2/10/03

CR2E081 (10/02)