PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT PLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P11000 013314 1. Corporation Name Citizens For Legal Rights Corp.	SECRETARE DE STATE TALLAMASSEE PLONIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State TAl whassee F Zip Country Zip Country Country	CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 2 9 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Name Name Name Name Name Name Name No. Name and Address of Current Registered Agent Name Name Name Name Name No. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State State FL 2ip Code FL 22310 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the old	200252173302 09/30/1301004010 **500.00 200252173302 03/30/1301004011 **400.00
Signature of Registered Agent Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Date 9-30-13 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each	City / State / 7in
P Kennth B Wills St. 2510 McElRay St V Bobbie J. AKins 2807 McElRay St AS Cora Snell 2510 McElray St	Tallahassee Fl 32310 or St Tallahassee Fl 32310
REINSTATEMENT 12-13	
α	14
10. E-mail Address: Legal Ken (a) G Moul. Com (To be used for future annual report notification)	
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I have a same legal effect as if made under oath. I have a same legal effect as if made under oath. I have the same lega	