


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

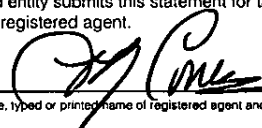
DOCUMENT # N02000007244	
1. Entity Name FLORIDA MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE, INC.	

Principal Place of Business 5220 BISCAYNE BLVD. MIAMI, FL 33138	Mailing Address 5220 BISCAYNE BLVD. MIAMI, FL 33138
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2. Principal Place of Business 3550 BISC. BLVD Suite, Apt. #, etc. 402 City & State MIAMI, FL 33131 Zip Country	3. Mailing Address 3550 BISC. BLVD. Suite, Apt. #, etc. 402 City & State MIAMI, FL 33131 Zip Country
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6. Name and Address of Current Registered Agent WASHINGTON, LYNN C 701 BRICKELL AVE., STE. 2800 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name T. L. COVERSON Street Address (P.O. Box Number is Not Acceptable) 9112 N.E. 10 AVENUE City MIAMI SHORES FL Zip Code 33138
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/5/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JOHN T JR. 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JOHN T., JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MARZELL 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAM, DONNA DR. 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900050266629 04/11/05--01002--016 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUBOSE, SHERWOOD 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900050266629 04/11/05--01002--017 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL MUNDY, GREGORY 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John T. Jones, Jr., Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 MAR 28 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05