

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N000000006077

1. Corporation Name

THE MARCH FOR JUSTICE

2. Principal Office Address - No P.O. Box #

3628 Grand Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

3628 Grand Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

7. Name and Address of Current Registered Agent

Name

Nidal Sakr

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

3117 New York St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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 9/13/08

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
DCT	Sakr, Nidal	3117 New York St.	Miami, FL 33133
MDT	Rae, Sara	3117 New York St.	Miami, FL 33133
SD	McBride, Daniel	245 NE A St.	Boca Raton, FL 33432
D	Tracey, Mathew	3121 NE 7th Ave., #3	Miami, FL 33137

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 contained in Chapter 119, 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:

Nidal Sakr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/08

Date

305-445-2812

Daytime Phone #

FILED

08 NOV 17 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600138013726
11/17/08--01069--010 **237.50

REINSTATEMENT
CR2E081 (10/08)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/2000

5. FEI Number

651057106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

11/18/08