## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATI	1988	F	Sec	EPARTMENT ( cretary of State on of corporation	•		04	FILED SEP 17 P	) 4 3: 17		
DOCUMENT # N 000000 7/03						SECRETARY OF STATE					
1. Corporation Name Center For Civil Rights Advocacy, Inc							(ALL)	AHASSE, F	LOKID≱ -		
$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $			3. Mailing Office		95						
TITS DATOR NOCT			Suite, Apt. #, etc.						<b>⇒</b> ≱	.,= ,	
City & State City & State						4. Date Incorp To Do Busi	orated or Q ness in Flori	da	OCT 2	-000	
				itusville, FI			5. FEI Number Applied For S9-3677002 Not Applied For				
Zip Country Zip			783 U.S.		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirec for a Certificate of Status				e requirec		
7. Name and Address of Current Registered Agent											
Name	Name Walter D. Pine										
Street	Street Address (P.O. Box Number is Not Acceptable) 4475 Payron Ave.							9 <del>1051-0</del> 94	<u>***</u> {2}	<del>.50</del>	
Suite,	Suite, Apt. #, Etc.					08/2	6/04	01051003	**13	.25	
City_	Titus	ville		State FL	Zip Code 32780	2					
Signature of Registered Agent PROPERTY AGENT MUST SIGN							bligations of section 607.0505 or 617.0503, F.S.				
REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Titles	Nama of			Street Address of Each Officer and/or Director			City / State / Zip				
Exec WA	WALTER D. PINE			4475 Byron Ave.			Titusville, F1-32780				
Sec The	-			4475 Byron Aue,			Titusville, fl 32780				
Asst		taffo		52. SILVE	3		اسه ک	annah	Ga-31	404	
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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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #											

Center for Civil Rights Advocacy

P.O. Box 5395, Titusville, Fl., 32783 Ph. 321-2642959 Fax 321-383-1158

August 3, 2004

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

We have not received the renewal form for this year or last year. We are a small grass roots group and are still relatively new to this. Apparently did not realize that we did not receive notice last year. We spoke to the Department of State, Division of Corporations. We were instructed to send the Annual Report Fee in for both years and a letter. We have enclosed \$61.25 for last year and this year plus \$8.75 for the certificate of Status totaling \$131.25.

Is there some way to pay in advance to ensure that this does not occur again? Please let us know.

If you can please bring our corporation up to date.

Thelma Roper, Secretary

Center for Civil Rights Advocacy