

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000007694

1. Corporation Name

RESTORATIVE JUSTICE CENTER FOR CAPITAL
CASES, INC.

2. Principal Office Address

Gables One Tower, Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Miami, Florida

Zip

33146

Country

USA

3. Mailing Office Address

1320 South Dixie Highway

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/16/2000

5. FEI Number

65-1063419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Roy D Wasson

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

Gable One Tower, 1320 South Dixie Highway

Suite, Apt. #, Etc.

Suite 450

City

Miami

State

FL

Zip Code

33146

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

Roy D Wasson
REGISTERED AGENT MUST SIGN

Date

10/29/03

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
D	Wasson, Roy D	1320 South Dixie Highway, Suite 450	Miami, Florida 33146
D	Reres, George E	201 SE 6th Street, Third Floor, N Wing	Fort Lauderdale, Florida 33301
D	Pasterkiewicz, Diane	198 Galloping Hill Road	Roselle Park, New Jersey 07204

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy D. Wasson

Date

10/29/03 (305) 666-5053

Daytime Phone #

CR2E081 (10/02)