

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003277

FILED  
Mar 21, 2008  
Secretary of State

**Entity Name:** SOUTH FLORIDA JOBS WITH JUSTICE, INCORPORATED

**Current Principal Place of Business:**

1525 NW 167TH STREET  
300  
MIAMI, FL 33169

**New Principal Place of Business:**

1671 NW 17 AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

1525 NW 167TH STREET  
300  
MIAMI, FL 33169

**New Mailing Address:**

1671 NW 17 AVENUE  
MIAMI, FL 33125

**FEI Number:** 65-1111662      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOWDY WRIGHT, ALYCE  
1525 NW 167TH STREET  
300  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

GOWDY WRIGHT, ALYCE  
1671 NW 17 AVENUE  
MIAMI, FL 33125 US

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.

SIGNATURE: ALYCE GOWDY WRIGHT

03/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: DOMINGUEZ, ANGEL  
Address: 12811 SW 148TH TERRACE ROAD  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Delete  
Name: FRANCIS, INGRID  
Address: 5729 FLAGLER STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D (X) Delete  
Name: WRIGHT, ALYCE G  
Address: 1525 NW 167TH ST, STE 300  
City-St-Zip: MIAMI, FL 33169

Title: RSD (X) Delete  
Name: NISSEN, BRUCE  
Address: UNIVERSITY PARK, LC 304  
City-St-Zip: MIAMI, FL 33199

Title: T (X) Delete  
Name: GONZALEZ, MARCIA  
Address: 295 W 79TH PLACE  
City-St-Zip: HIALEAH, FL 330144324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: DELGADO, PAOLA CAROLINA MD  
Address: 1671 NW 17 AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAOLA CAROLINA DELGADO

MD

03/21/2008

Electronic Signature of Signing Officer or Director

Date