

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000007657

FILED
Oct 17, 2011
Secretary of State

Entity Name: CIVIL RIGHTS CLINIC INC.

Current Principal Place of Business:

7919 TUMBLESTONE DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

3407 WILD MYRTLE CT
WINDERMERE, FL 34786 US

Current Mailing Address:

7919 TUMBLESTONE DRIVE
ORLANDO, FL 32819 US

New Mailing Address:

3407 WILD MYRTLE CT
WINDERMERE, FL 34786 US

FEI Number: 27-3380522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASHMI, KHALID A
7919
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HASHMI, KHALID A
3407 WILD MYRTLE CT
WINDERMERE, FL 34786 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: KHALID HASHMI

10/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HASHMI, KHALID A
Address: 3407 WILD MYRTLE CT
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP
Name: HASHMI, UMAIRA
Address: 3407 WILD MYRTLE CT
City-St-Zip: WINDERMERE, FL 34786 US

Title: T
Name: HASHMI, TALHA A
Address: 3407 WILD MYRTLE CT
City-St-Zip: WINDERMERE, FL 34786 US

Title: S
Name: HASHMI, ARIBA
Address: 3407 WILD MYRTLE CT
City-St-Zip: WINDERMERE, FL 34786 US

I hereby 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 all other like empowered.

SIGNATURE: KHALID HASHMI

P

10/17/2011

Electronic Signature of Signing Officer or Director

Date