

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 25 AM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Community Justice Outreach, Inc.
N98000007196

800021133998
06/25/03--01096--005 **\$42.50

2. Principal Office Address

5040 NW 7th Street

Suite, Apt. #, etc.

Suite #780

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

5040 NW 7th Street

Suite, Apt. #, etc.

Suite #120

City & State

Miami, FL

Zip

33126

Country

USA

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

December 21, 1998

5. FEI Number

65-0882211

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M. David McGriff

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

5040 NW 7th Street

Suite, Apt. #, Etc.

Suite #780

City

Miami

State

FL

Zip Code

33126

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

M. David McGriff

Date 6/19/03

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	M. David McGriff	5040 NW 7th Street, #780	Miami, FL 33126
D	Denise M. Moon	1350 NW 12th Avenue	Miami, FL 33136
D	Angela Diaz-Vidaillet	5040 NW 7th Street, #120	Miami, FL 33126

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:

M. David McGriff

M. David McGriff

6/19/03

305-704-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/6/05