

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000509**

1. Corporation Name

THE FLORIDA INSTITUTE FOR ECONOMIC JUSTICE, INC.

2. Principal Office Address

104 SOUTH MONROE STREET

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32301

Country

USA

3. Mailing Office Address

104 SOUTH MONROE STREET

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32301

Country

REINSTATEMENT

03

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

01/26/99

5. FEI Number

59-3560576

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

PAMELA BURCH FORT

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

5274 PIMLICO DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Pamela Burch Fort

REGISTERED AGENT MUST SIGN

Date **12/15/03**

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	EASTERLING, NELSON	104 SOUTH MONROE ST	TALLAHASSEE FL 32301
D	FORT, PAMELA BURCH	5274 PIMLICO DR	TALLAHASSEE FL 32308
D	HOGAN, WAYNE	233 EAST BAY ST	JACKSONVILLE FL 32202

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

Pamela Burch Fort **Pamela Burch Fort**

Date

Daytime Phone #

12/15/03

CR2E081 (10/02)