

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00



01/27/00 90021 040 \$46.25

DOCUMENT # **N98000000112**
1. Corporation Name
MIAMI-DADE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business Mailing Address
123 N.W. FIRST AVENUE 123 N.W. FIRST AVENUE
MIAMI FL 33128 MIAMI FL 33128

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/08/1998	
City & State		City & State		5. FEI Number 65-0904450 Applied For	
Zip		Zip		APPLIED FOR Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROTHMAN, DAVID B	200 S. BISCAYNE BLVD. #3420	MIAMI FL
D	KUEHNE, BENEDICT P	100 S.E. SECOND ST. #2100	MIAMI FL
D	KAINEN, DENNIS G	1401 BRICKELL AVENUE #910	MIAMI FL
D	GONZALEZ, ERVIN A	100 S. BISCAYNE BLVD. #900	MIAMI FL
D	AARON, WILLIAM	2937 S.W. 27 AVE. #202	MIAMI FL
D	HOLLO, JEROME S	100 S. BISCAYNE BLVD. #1100	MIAMI FL

8. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL

9. Name and Address of New Registered Agent

Name
Johnnie M. Ridgely
Street Address (P.O. Box Number is Not Acceptable)
123 N. W. First Avenue
Suite, Apt. #, Etc.
#214
City
Miami
State
FL
Zip Code
33128

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Johnnie M. Ridgely* Date **10-23-00**
REGISTERED AGENT MUST SIGN

11. 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: *Ervin A. Gonzalez* 100003480111--7
-11/23/00--01074--012
10-23-00 ***175.00 ***175.00
Date Daytime Phone #
Ervin A. Gonzalez

CFR2040 (8/00)