

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000000532

Entity Name: DADE COUNTY DEFENSE BAR ASSOCIATION, INC.**Current Principal Place of Business:**201 S. BISCAYNE BLVD.
SUITE 3200
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BLVD.
SUITE 3200
MIAMI, FL 33131 US**FEI Number:** 90-0287882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEINICKE, JOHN
44 WEST FLAGLER ST.
SUITE 2100
MIAMI, FL 33131 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:** JOHN LEINICKE

10/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MOSS, DEVIN A
Address	201 S. BISCAYNE BLVD. SUITE 3200
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	THORNTON, CLAYTON
Address	1221 BRICKELL AVE. SUITE 1600
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	RUIZ, GABRIELA
Address	201 S. BISCAYNE BLVD. SUITE 1900
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	WINSBY, JOSEPH
Address	420 SOUTH DIXIE HWY. 3RD FLOOR
City-State-Zip:	CORAL GABLES FL 33146

Title	CHAIRMAN
Name	LEINICKE, JOHN
Address	44 WEST FLAGLER ST. SUITE 2100
City-State-Zip:	MIAMI FL 33130

Title	TRUSTEE
Name	LAMBERT, LYDALL
Address	701 BRICKELL AVE. SUITE 3100
City-State-Zip:	MIAMI FL 33131

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: JOHN LEINICKE

CHAIRMAN

10/17/2017

Electronic Signature of Signing Officer/Director Detail

Date