

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 21, 2006
Secretary of State**

DOCUMENT# 715028

Entity Name: DADE COUNTY AGRI-COUNCIL, INC.

Current Principal Place of Business:

24700 SW 177TH AVENUE
P.O. BOX 901547
HOMESTEAD, FL 33090 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901547
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 59-2345501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAUGHTON-JAMES, PAT
20040 SW 280TH ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: PAT HAUGHTON-JAMES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MASSUCCI, DIANE
Address: 16075 SW 283 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: HAUGHTON, JAMES
Address: 20040 SW 280 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: MARRICINI, PHIL
Address: 10901 CORAL WAY
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: MARRICINI, PHIL
Address: 13961 SW 248 ST
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE MASSUCCI

Electronic Signature of Signing Officer or Director

SD

09/21/2006

Date