

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734107

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Entity Name:** NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.

**Current Principal Place of Business:**

415 W. 51ST PL.  
HIALEAH, FL 33012

**New Principal Place of Business:**

415 W. 51ST PL.  
SUITE 200  
HIALEAH, FL 33012

**Current Mailing Address:**

415 W. 51ST PL.  
HIALEAH, FL 33012

**New Mailing Address:**

415 W. 51ST PL.  
SUITE 200  
HIALEAH, FL 33012

**FEI Number:** 59-0904809      **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:**

**Name and Address of New Registered Agent:**

VALDES, RAFAEL  
415 W. 51ST PL.  
SUITE 200  
HIALEAH, FL 33012 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: RAFAEL VALDES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALDES, RAFAEL  
Address: 1851 W 72 ST  
City-St-Zip: HIALEAH, FL 33014

Title: T PE ( ) Delete  
Name: HERRERO, SILVIA  
Address: 890 E 38 ST  
City-St-Zip: HIALEAH, FL 33013

Title: S ( ) Delete  
Name: CEDRON, FABIOLA  
Address: 543 HUNTING LODGE  
City-St-Zip: MIAMI SPRING, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HERRERO, SILVIA M  
Address: 890 E 38 ST  
City-St-Zip: HIALEAH, FL 33013

Title: T PE (X) Change ( ) Addition  
Name: BRACKETT, MARIA E  
Address: 8296 W 18 AVE  
City-St-Zip: HIALEAH, FL 33014

Title: S (X) Change ( ) Addition  
Name: CEJAS, IVAN  
Address: P O BOX 940758  
City-St-Zip: MIAMI, FL 33194

Title: PP ( ) Change (X) Addition  
Name: RAFAEL, VALDES  
Address: 1851 W 72 ST  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: SILVIA HERRERO

P

11/03/2009

Electronic Signature of Signing Officer or Director

Date