PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	S	DEPARTMENT OF STATE Secretary of State 1 SION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 10 JUN 30 AM 10: 26
DOCUMENT # 137905 1. Corporation Name					
Dade County Retired Educator Association, Inc.				RE	EINSTATEMENT
2. Principal Office Address - No P.O. Box # 3. Mailing O 7241 Miami Lakeway South 7241M			iamiLakeway South	90 05/17	DO18098ヤブ39 7/1001060012 **192.50 cr26081 (4/10)
Suite, Apt. 4	s, etc	Suite, Apt. #,	etc.		orated or Qualified ness in Florida 116-01-1954
City & State Miam Zip Zip	i Lakes, FL Country	Zip	Lakes, FL	6.	Applied For Not Applicable OF STATUS DESIDED \$8.75 Additional Fee required
Name		38	tered Agent	PROFIT CORPORATIONS ONLY The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City Miami Lakes State Zip Code FL 33014-2603				900180987739	
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 REGISTERED AGENT MISST SIGN Date MAY 12, 2010					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
ρ	Merry Schrage		7241 Miami Lakeway 5.		Miami Lakes, FL 33014-
V	Roger Cuevas		12353 5.W.104th Lane		Miami, FL 33186
4	Marta Hernandez		8021 SW 89th Terrace		Miami, FL 33156
5	AliceLittle		7845 SW 106th Circle		Miami, FL 33173-2938
2	Ramona Frischman		8305 SW 137 + AVENUE		Miami, FL 33183-4045
D	Barbara Leon		9821 SunriseLak	#112 es Blvd.	Sunrise, FL 33322-6263
10. E-mail Address: MECCY 143 @ AOL. COM (To be used for future strengt report notification)					
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. I further certify, 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 Signature					