

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JAN -9 PM 4:31

DOCUMENT # 742269

1. Corporation Name

PROGRESSIVE FIREFIGHTERS ASSOCIATION INC. OF DAD  
E COUNTY

Principal Place of Business

926 RUTLAND ST.  
OPA LOCKA FL 33054

Mailing Address

PO BOX 540423  
OPA LOCKA FL 33054



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1978

5. FEI Number

59-2395841

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAVIS, FAYE	670 N. E. 195 ST.	N M BCH FL 33179
VD	BARNES, EDWARD	2531 N. W. 173 TERR.	MIAMI FL 33169
S	JENNINGS, KESHIA	19148 N. W. 33 AVE.	MIAMI FL 33056
TD	RAGIN, WILLIE ROGERS, NATOSHA	P.O. BOX 172235 13640 SW. 20 <sup>th</sup> ST	HIALEAH FL 33017 MIAMI, FL 33027
RECS	WILLIAMS, PAM	3075 N. W. 68 ST.	MIAMI FL 33147
			100004776551--5 -01/16/02--01011--007 ****244.75 ****244.75

8. Name and Address of Current Registered Agent

DAVIS, FAYE  
670 N. E. 195 ST.  
N M BCH FL 33179

9. Name and Address of New Registered Agent

Name FAYE DAVIS  
Street Address (P.O. Box Number is Not Acceptable)  
SAME AS ABOVE  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

*Faye Davis*  
REGISTERED AGENT MUST SIGN

Date 10-28-01

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:

*FAYE DAVIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-01 305-688-3433

Date

Daytime Phone #

CR2ED40 (8/01)