

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JAN 26 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 742269

**1. Corporation Name**

PROGRESSIVE FIRE FIGHTERS ASSOCIATION  
INC OF DADE COUNTY

800087202138

02/05/07--01003--004 \*\*551.25

CR2E081 (12/05)

**2. Principal Office Address**

926 RUTLAND ST

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

USA

**3. Mailing Office Address**

P.O. BOX 540423

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1978

**5. FEI Number**

592395841

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FAYE DAVIS

Street Address (P.O. Box Number is Not Acceptable)

670 NE 195 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

REINSTATEMENT 02-07

31/29/07

**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

Faye Davis

REGISTERED AGENT MUST SIGN

Date 1-23-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	FAYE DAVIS	926 RUTLAND ST	OPA LOCKA, FL 33054
V-PRES	KEITH BELL	926 RUTLAND ST	OPA LOCKA, FL 33054
TREAS	WILLIE RAGIN	926 RUTLAND ST	OPA LOCKA, FL 33054
R SEC	NASOMA MORGAN-GRANT	926 RUTLAND ST	OPA LOCKA, FL 33054
E-B	EDWARD LADEN	926 RUTLAND ST	OPA LOCKA, FL 33054
E-B	WILLIE BRINSON	926 RUTLAND ST	OPA LOCKA, FL 33054

**10.** 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 contained in Chapter 119, 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

1-24-07

Date

305-491-6565

Daytime Phone #