

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 748725

FILED
Oct 07, 2004
Secretary of State**Entity Name:** PRIVATE INDUSTRY COUNCIL OF DADE COUNTY, INC.**Current Principal Place of Business:**7900 NE 2ND AVE 2ND FLOOR
STE 600
MIAMI, FL 33138**New Principal Place of Business:****Current Mailing Address:**7900 NE 2ND AVE 2ND FLOOR
STE 603
MIAMI, FL 33138**New Mailing Address:**7900 NE 2ND AVE 2ND FLOOR
STE 600
MIAMI, FL 33138**FEI Number:** 59-1950230 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:**ROBINSON, NEILL D
7900 NE SECOND AVE, 6TH FL
STE. #1100
MIAMI, FL 33138 US**Name and Address of New Registered Agent:**ROBINSON, NEILL D
7900 NE SECOND AVE, 6TH FL
STE. #600
MIAMI, FL 33138 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: NEILL D. ROBINSON

10/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ROBINSON, NEILL D
Address: 7900 NE 2ND AVE 6TH FLOOR
City-St-Zip: MIAMI, FL 33138**Title:** C () Delete
Name: CHAVIES, MICHAEL
Address: 175 NW 1ST AVE, RM 2227
City-St-Zip: MIAMI, FL 33128**Title:** D () Delete
Name: WEST, ALVIN
Address: 701 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131**Title:** D () Delete
Name: MAESTRI, JACQUELINE
Address: 14201 NW 60TH AVENUE
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: ROBINSON, NEILL D
Address: 7900 NE 2ND AVE 6TH FLOOR
City-St-Zip: MIAMI, FL 33138**Title:** C (X) Change () Addition
Name: BRAYNON, PATRICIA J
Address: 25 WEST FLAGLER STREET, STE. 950
City-St-Zip: MIAMI, FL 33130**Title:** D (X) Change () Addition
Name: MAESTRI, JACQUELINE
Address: 14201 NW 60TH AVENUE
City-St-Zip: MIAMI LAKES, FL 331014**Title:** D (X) Change () Addition
Name: BAIN, PAULA
Address: 15910 NW 57TH AVENUE
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEILL D. ROBINSON

PRES

10/07/2004

Electronic Signature of Signing Officer or Director

Date