



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 754137 1. Entity Name DADE COUNTY OVERALL TENANT ADVISORY COUNCIL, INC						06 OCT -5 PM 3:58 REINSTATEMENT <u>06</u> 	
Principal Place of Business 1407 NW 7TH ST MIAMI, FL 33125				Mailing Address 1407 NW 7TH ST MIAMI, FL 33125			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2422605				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				10022006 REIN-NP CR2E099 (11/05)			
6. Name and Address of Current Registered Agent PIERRE, BARBARA 1407 N.W. 7TH STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Barbara Pierre</i> <i>Barbara Pierre</i> <i>10/2/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERRE, BARBARA 1407 NW 72 STREET MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000090492550 10/05/06--01025--013 **245.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STROZIER, DIANA 1407 NW 72 ST MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WILLIAMS, ANGELA 1407 NW 72 ST MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>T Williams, Angela 1407 NW 7th Street Miami, FL 33125</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS FRENCH, ANNETTE 1407 NW 7 STREET MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>RS Reyers, Damaris 1407 NW 7th Street Miami, FL 33125</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, DON 1407 N.W. 7 ST. MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>CS Jackson, Deloris 1407 NW 7th Street Miami, FL 33125</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Barbara Pierre</i> <i>10/02/06</i> <i>(305) 541-7710</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							