

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG -8 AM 11:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000532

1. Corporation Name

DADE COUNTY DEFENSE BAR ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

100 SE Second Street

3. Mailing Office Address

100 SE Second Street

Suite, Apt. #, etc.
4000

Suite, Apt. #, etc.
4000

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33131

Country
Miami-Dade

Zip
33131

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida JANUARY 9, 2004

5. FEI Number

☐ 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

CFRA, LLC, a Florida Limited Liability Company

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

4221 W. Boy Scout Boulevard

Suite, Apt. #, Etc.

City Tampa

State
FL

Zip Code
33607

☐ The 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.

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.

CFRA, LLC

Signature of Registered Agent By: *Angela T. Puentes-Leon*

Date July 31, 2008

REGISTERED AGENT MUST SIGN

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
PD	Ronald Pena	9155 S. Dadeland Blvd. #1600	Miami, FL 33156
VPD	Angela T. Puentes-Leon	100 SE 2nd St., #4000	Miami, FL 33131
DT	Maria Enriquez	701 Brickell Ave., #3000	Miami, FL 33131
DS	Barbara Fernandez	9155 S. Dadeland Blvd., #1600	Miami, FL 33156

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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: *Angela T. Puentes-Leon*

Angela T. Puentes-Leon July 31, 2008 305.530.0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #