

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006610

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** CBG OF MIAMI-DADE COUNTY AND VICINITY, INC.

**Current Principal Place of Business:**

6001 NW 8TH AVENUE  
MIAMI, FL, 33127 US

**New Principal Place of Business:**

6001 NW 8TH AVENUE  
MIAMI, FL 33127 US

**Current Mailing Address:**

6001 NW 8TH AVENUE  
MIAMI, FL, 33127 US

**New Mailing Address:**

6001 NW 8TH AVENUE  
MIAMI, FL 33127 US

**FEI Number:** 20-1348951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIS, JOAQUIN DR.  
6001 NW 8TH AVENUE  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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: DR. JOAQUIN WILLIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D, P ( ) Delete  
Name: WILLIS, JOAQUIN DR.  
Address: 6001 NW 8TH AVENUE  
City-St-Zip: MIAMI, FL 33127

Title: VP D ( ) Delete  
Name: SMITH, GASTON  
Address: 740 NW 58 STREET  
City-St-Zip: MIAMI, FL 33127

Title: D, S ( ) Delete  
Name: RICHARDSON, WALTER T DR.  
Address: 17201 SW 103 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: HOLTS, RANDALL  
Address: 1881 NW 103 STREET  
City-St-Zip: MIAMI, FL 33147

Title: T, D ( ) Delete  
Name: BROWN, JIMMIE  
Address: 2001 NW 35 STREET  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DR. JOAQUIN WILLIS

D.P

10/06/2005

Electronic Signature of Signing Officer or Director

Date