

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 20 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N17320

1. Corporation Name

Dade County Fireman's Benevolent Association, Inc.

2. Principal Office Address

6000 SW 87th Ave

3. Mailing Office Address

P O Box 1252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

S. Miami, FL

Zip

33713

Country

USA

Zip

33243

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-86

5. FEI Number

23-7034889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

John Soeder

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

6000 SW 87th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

05/25/02-01071-026

11/11/25 ***131.25

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

John Soeder

Date

5-13-02

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
P	John Martin	14501 SW 161 St	Miami, FL
VP	James Adams	1280 E Franklin Ave	Homestead, FL
T	John Soeder	13825 SW 83rd Ave	Miami, FL
X0	Mike Rilla	15290 SW 47th St	Miramar, FL
X0	Russ Burcham	1190 NW 90 Terr	Pembroke Pines, FL
S	Mike Barfield	16241 SW 287th St.	Homestead, FL

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 under section 119.07(3)(i), 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:

John Soeder

John Soeder

5-13-02

305-546-8636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARRY I. HECHTMAN, P.A.

Certified Public Accountants

Member of:
Florida and American Institute of CPAs
Private Companies and SEC Practice Sections

8100 SW 81 Drive
Suite 210
Miami Florida, 33143-6603

Telephone: (305) 270-0014
Fax: (305) 598-3695
email: barrycpa@netzero.net

May 13, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Dade County Firemen's Benevolent Association, Inc.
PO Box 1252
S. Miami, FL 33243

EIN 23-7034889

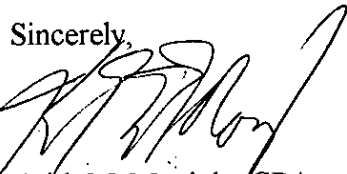
Dear Sir or Madam:

We are enclosing a check in the amount of \$122.50 in annual report fees for each year dissolved and a completed corporate reinstate report. As discussed with one of your representatives, the association never received the annual reports and were unaware that this needed to be filed with the state. The specific details are as follows:

The previous treasurer had the mailing address changed from the PO box to his home address. He moved to a different address at the time of his resignation. The new treasurer was unaware of the annual filing requirement and therefore was unaware that the forms should have been received and filed with the state. A cursory check of the state online database revealed that the corporation had been dissolved and immediately steps have been taken to reinstate the corporation.

Therefore, since the new treasurer was unaware of the requirement and since the association never received the annual corporate reports (which would have made him aware of the requirement) we are requesting that you waive the \$297.50 reinstatement fee.

Sincerely,



Keith McMonigle, CPA
On behalf of association