

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17320

1. Corporation Name

DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, INC.

2. Principal Office Address

8000 NW 21 ST

3. Mailing Office Address

Suite, Apt. #, etc.

226

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip
33122

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/15/1986

5. FEI Number

23-7034889

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

JOHN SOEDER

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

8000 NW 21 ST

Suite, Apt. #, Etc.

226

City

MIAMI

State

FL

Zip Code

33122

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
REGISTERED AGENT MUST SIGN

Date 01/06/2006

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
D	THOMPSON, MIKE	8000 NW 21 ST	MIAMI FL 33122
D	REBOSO, RICHARD	8000 NW 21 ST	MIAMI FL 33122
D	SOEDER, JOHN	8000 NW 21 ST	MIAMI FL 33122
D	ADAMS, JIM	8000 NW 21 ST	MIAMI FL 33122
D	FRANCKEWICH, MIKE	8000 NW 21 ST	MIAMI FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Soeder

Date

1/18/06 305 500 9213

Daytime Phone #

pg 212

January 18, 2006

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


Dear Sir or Madam:

2004

As we discussed on the telephone we never received our annual report. If you will notice on the reinstatement application our address is different than the one you have on file. As informed by your office I have attached a check in the amount of \$183.75 which represents the annual fee that was due for each year.

Thanking you in advance for your cooperation in this matter.

Sincerely,


John Soeder, Treasurer
Dade County Fireman's Benevolent Association, Inc.