


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

FILED

06 JAN 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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.

000065577550
02/10/06--01042--016 **183.75
CR2E081 (12/05)

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**

REINSTATEMENT 01-04

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 **01/06/2006**

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
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: *John Soeder* Date **1/18/06** Daytime Phone # **305 500 9213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

paye with

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.