

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17320

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 NW 21 ST  
226  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1252  
S. MIAMI, FL 33243 US

**New Mailing Address:**

8000 NW 21 ST  
226  
MIAMI, FL 33122 US

**FEI Number:** 23-7034889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOEDER, JOHN  
8000 NW 21 ST  
226  
MIAMI, FL 33122 US

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

FRANCKEWICH, MICHAEL B PRES  
8000 NW 21 ST  
226  
MIAMI, FL 33122 US

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: MICHAEL B. FRANCKEWICH

04/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMPSON, MIKE  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

Title: D ( ) Delete  
Name: REBOSO, RICHARD  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

Title: D ( ) Delete  
Name: ADAMS, JIM  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

Title: D ( ) Delete  
Name: FRANCKEWICH, MIKE  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

Title: D (X) Delete  
Name: SOEDER, JOHN  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

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

Title: D (X) Change ( ) Addition  
Name: REBOSO, RICK  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

Title: D (X) Change ( ) Addition  
Name: SOEDER, JOHN  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

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

Title: D (X) Change ( ) Addition  
Name: KELLER, DOUGLAS  
Address: 8000 NW 21 ST  
City-St-Zip: MIAMI, FL 33122 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL B. FRANCKEWICH

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date