

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21688**

1. Corporation Name

DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.

Principal Place of Business

**18015 NW 25TH CT-
MIAMI FL 33056
US**

Mailing Address

**P.O. BOX 330591
MIAMI FL 33233-0561
US**



REINSTATEMENT

FILED
98 JUN 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**6600 NW 27 AVE
Suite, Apt. #, etc.
201**

3. New Mailing Office Address, If Applicable

**6600 NW 27 AVE
Suite, Apt. #, etc.
201**

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1987

5. FEI Number

65-0021486

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	CLARINGTON, MICHAEL B	8345 SW 170 LANE	MIAMI FL 33167
VPD	SILAS, J. BARON	18015 NW 25 CT	33056
	PACE, JOHN	1741 NW 185TH ST	MIAMI FL
VD	JOHNSON, DUTCHIE	13000 NW 17 COURT	MIAMI FL
TD	HITT, STACEY	11984 SW 271 ST	MIAMI FL
S	SIMMONS, BETTY	436 NW 191 TERR	PEMBROKE PINES FL 33029
VP	MATEEM, MALIK	17031 NW 12TH AVE	MIAMI FL

8. Name and Address of Current Registered Agent

**SILAS, J. BARON
18015 NW 25 COURT
MIAMI FL 33056**

9. Name and Address of New Registered Agent

Name **900002571369--5**
Street Address (P.O. Box Number Is Not Allowed) **06/24/98 01077-018**
*******297.50 *****297.50**
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **6/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

6/17/98 305 669-3706 305-693-9866

CR2000 (8/97)