

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

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

DOCUMENT # **N21688**

1. Corporation Name  
**DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.**

Principal Place of Business Mailing Address  
**18015 NW 25TH CT- MIAMI FL 33056**  
**P.O. BOX 330591 MIAMI FL 33233-0561**  
**US US**



**REINSTATEMENT**

97-98  
 AD

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

2. New Principal Office Address, If Applicable <b>6600 NW 27 AVE</b> Suite, Apt. #, etc. <b>201</b>	3. New Mailing Office Address, If Applicable <b>6600 NW 27 AVE</b> Suite, Apt. #, etc. <b>201</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>06/30/1987</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>	5. FEI Number <b>65-0021486</b>
Zip <b>33047</b> Country <b>US</b>	Zip <b>33147</b> Country <b>US</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>

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
<del>VP</del>	<del>CLARINGTON, MICHAEL B</del>	<del>8345 SW 170 LANE</del>	<del>MIAMI FL 33167</del>
VPD	<b>SILAS, J. BARON</b>	<b>18015 NW 25 CT</b>	<b>33056</b>
VP	<b>PACE, JOHN</b>	<b>1741 NW 185TH ST</b>	<b>MIAMI FL</b>
VD	<b>JOHNSON, DUTCHIE</b>	<b>13000 NW 17 COURT</b>	<b>MIAMI FL</b>
TD	<b>HITT, STACEY</b>	<b>11984 SW 271 ST</b>	<b>MIAMI FL</b>
S	<b>SIMMONS, BETTY</b>	<b>436 NW 191 TERR</b>	<b>PEMBROKE PINES FL 33029</b>
VP	<b>MATEEM, MALIK</b>	<b>17031 NW 12TH AVE</b>	<b>MIAMI FL</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>SILAS, J. BARON</b> <b>18015 NW 25 COURT</b> <b>MIAMI FL 33056</b>	Name <b>900002571369--5</b>
	Street Address (P.O. Box Number is Not Allowed) <b>6627 98 01077 018</b> <b>****297.50 ****297.50</b>
	Suite, Apt. #, Etc.
	City State Zip Code <b>FL</b>

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: *J. Baron Silas* Date: **6/17/98**  
 REGISTERED AGENT MUST SIGN

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: *J. BARON SILAS* Date: **6/17/98** Daytime Phone #: **305 669-3706**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

CR20040 (8/97)