

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 OCT 23 PM 1:52

DOCUMENT # **N21688**

1. Corporation Name

**DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.**

Principal Place of Business

Mailing Address

6600 NW 27 AVE  
 201  
 MIAMI FL 33147  
 US

6600 NW 27 AVE  
 201  
 MIAMI FL 33147  
 US

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0522772

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SILAS, J. BARON	18015 NW 25 CT	MIAMI FL 33056
VPD	<del>PADE</del> JOHN	1741 NW 185TH ST	MIAMI FL
VD	JOHNSON, DUTCHIE	13000 NW 17 COURT	MIAMI FL
TD	<del>██████████</del> BROWN, EDITH	<del>██████████</del> 21920 SW 108 CT	MIAMI FL 33170
S	<del>██████████</del> DOUCE, MICHAEL	<del>██████████</del> 954 SW 119 PL	<del>MIAMI FL</del> 33184
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: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc. 100003471061--5  
 -11/20/00--01140--002  
 City \*\*\*235 State FL Zip \*\*\*235.25

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

*Silas J. Baron*  
 REGISTERED AGENT MUST SIGN

Date

10/15/2000

11. 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

*Silas J. Baron*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 693-9966  
 10/15/2000 40

CR2E040 (8/00)