

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

6600 NW 27 AVE
201
MIAMI FL 33147
US

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1987

5. FEI Number

65-0522772

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SILAS, J. BARON	18015 NW 25 CT	MIAMI FL 33056
VPD	PADE, JOHN	1741 NW 185TH ST	MIAMI FL
VD	JOHNSON, DUTCHIE	13000 NW 17 COURT	MIAMI FL
TD	BROWN, EDITH	21920 SW 108 CT	MIAMI FL 33170
S	DOUCE, MICHAEL	954 SW 119 PL	MIAMI FL 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.

City

100003471061--5

-11/20/00--01140--002

236 State Zip 236.25

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 693-9966

10/15/2000 410

CR2E040 (9/00)