

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21688

FILED
Oct 19, 2006
Secretary of State

Entity Name: DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.

Current Principal Place of Business:

6600 NW 27 AVE
W201
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

6600 NW 27 AVE
W201
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 65-0522772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: JOSEPH B SILAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILAS, J. BARON
Address: 18015 NW 25 CT
City-St-Zip: MIAMI, FL 33056

Title: 1VP () Delete
Name: JOHNSON, DUTHIE
Address: 17031 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33069

Title: 2VP () Delete
Name: COX, VICTORIA
Address: 6600 NW 27 AVE
City-St-Zip: MIAMI, FL 33147

Title: VD () Delete
Name: FAOSPM, TO,
Address: 16821 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: ST () Delete
Name: DOUCE, MICHAEL
Address: 954 SW 119 PL
City-St-Zip: MIAMI, FL 33184

Title: VP () Delete
Name: DENT, BARBARA F
Address: 16603 SW 99 PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH B SILAS

PD

10/19/2006

Electronic Signature of Signing Officer or Director

Date