

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21688

FILED  
Oct 04, 2007  
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:**

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

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

10/04/2007

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: PD (X) Change ( ) Addition  
Name: SILAS, J. BARON  
Address: 18015 NW 25 CT  
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: 1VP (X) Change ( ) Addition  
Name: JOHNSON, DUTHIE  
Address: 19430 NW 23 AVENUE  
City-St-Zip: MIAMI, FL 33056

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

Title: VP (X) Change ( ) Addition  
Name: FAISON, TIMOTHY  
Address: 24182 SW 112 COURT  
City-St-Zip: MIAMI, FL 33032

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

10/04/2007

Electronic Signature of Signing Officer or Director

Date