

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21688

FILED
Nov 15, 2010
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 ()**

Name and Address of Current Registered Agent:

FAISON, TIMOTHY
24182 SW 112 COURT
MIAMI,, FL 33032 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: TIMOTHY FAISON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FAISON, TIMOTHY
Address: 24182 SW 112 COURT
City-St-Zip: MIAMI,, FL 33032

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

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

Title: VP
Name: FAISON, TIMOTHY
Address: 24182 SW 112 COURT
City-St-Zip: MIAMI, FL 33032

Title: ST
Name: BESS,, LAPRINCESS
Address: 1646 NW 1ST PLACE APT 1 PH
City-St-Zip: MIAMI,, FL 33136

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

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY FAISON

Electronic Signature of Signing Officer or Director

PRES

11/15/2010

Date