

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG -6 PM 3:41

DOCUMENT # 198000002145

1. Corporation Name

DADE COUNTY FIREFIGHTERS BENEVOLENT B
Benefit Association, Inc.

700159329767
08/06/09--01049--011 **420.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 10506 SW 184 TERRACE		3. Mailing Office Address 10506 SW 184 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157	Country USA	Zip 33157	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/15/1998	
5. FEI Number 23-7034884	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
MICHAEL FRANCKEWICH

Street Address (P.O. Box Number is Not Acceptable)
10506 SW 184 TERRACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33157

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **6/29/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL FRANCKEWICH	10506 SW 184 TERRACE	MIAMI, FL 33157
T	JOHN SOEDER III	10506 SW 184 TERRACE	MIAMI, FL 33157
VP	RICARDO REBOSO	10506 SW 184 TERRACE	MIAMI, FL 33157
D	JAMES ADAMS	10506 SW 184 TERRACE	MIAMI, FL 33157
D	DOUGLAS KELLER	10506 SW 184 TERRACE	MIAMI, FL 33157

10. 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 contained in Chapter 119, 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]* Date **6/29/09** Daytime Phone # **305-216-4702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR