

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000000532

**FILED  
Oct 17, 2017  
Secretary of State  
CR9894093649**

**Entity Name:** DADE COUNTY DEFENSE BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD.  
SUITE 3200  
MIAMI, FL 33131

**Current Mailing Address:**

201 S. BISCAYNE BLVD.  
SUITE 3200  
MIAMI, FL 33131 US

**FEI Number:** 90-0287882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEINICKE, JOHN  
44 WEST FLAGLER ST.  
SUITE 2100  
MIAMI, FL 33131 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:** JOHN LEINICKE

10/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOSS, DEVIN A  
Address        201 S. BISCAYNE BLVD.  
                 SUITE 3200  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            THORNTON, CLAYTON  
Address        1221 BRICKELL AVE.  
                 SUITE 1600  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            RUIZ, GABRIELA  
Address        201 S. BISCAYNE BLVD.  
                 SUITE 1900  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            WINSBY, JOSEPH  
Address        420 SOUTH DIXIE HWY.  
                 3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title            CHAIRMAN  
Name            LEINICKE, JOHN  
Address        44 WEST FLAGLER ST.  
                 SUITE 2100  
City-State-Zip: MIAMI FL 33130

Title            TRUSTEE  
Name            LAMBERT, LYDALL  
Address        701 BRICKELL AVE.  
                 SUITE 3100  
City-State-Zip: MIAMI FL 33131

*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:** JOHN LEINICKE

**CHAIRMAN**

10/17/2017

Electronic Signature of Signing Officer/Director Detail

Date