


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 AUG 29 AM 9:14

DOCUMENT # N 99000001192  
 1. Corporation Name  
 EMPOWER "U", INC.

300004572483--5  
 -09/06/01--01046--025  
 \*\*\*\*306.25 \*\*\*\*306.25

2. Principal Office Address  
 10033 NW 26 AVE  
 Suite, Apt. #, etc.  
 City & State  
 MIAMI, Florida  
 Zip Country  
 33147 USA

3. Mailing Office Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**REINSTATEMENT 00-01**

4. Date incorporated or Qualified To Do Business in Florida 02-22-1999  
 5. FEI Number 65-0899207 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 Vanessa Mills  
 Street Address (P.O. Box Number is Not Acceptable)  
 10033 NW 26 AVE  
 Suite, Apt. #, Etc.  
 City  
 MIAMI  
 State Zip Code  
 FL 33147

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 *VM* Vanessa Mills Date 08/07/2001  
 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	Petera Johnson	3591 NW 202 ST	MIAMI, FL. 33056
D	Vanessa Mills	10033 NW 26 AVE	MIAMI, FL. 33147
D	Leon Leonard	1888 NW 21 ST.	MIAMI, FL. 33142
D	Charles Sawyer Jackson	10742 NE 3RD Court	MIAMI, FL. 33161
D	Rosalyn Allen	655 NW 56 Street APT 505	MIAMI, FL. 33127

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 under section 119.07(3)(i), 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: *Petera Johnson* Petera Johnson 8/07/01 305 891 3666  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREPORT (R/00)