

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N60000002711*

1. Corporation Name

House of Empowerment Inc.

2. Principal Office Address

3300 INVERARRY BLVD

Suite, Apt. #, etc.

100D

City & State

LAUDERHILL, Florida

Zip

33319

Country

BROWARD

3. Mailing Office Address

3300 INVERARRY BLVD

Suite, Apt. #, etc.

100D

City & State

LAUDERHILL, Florida

Zip

33319

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/24/00

5. FEI Number

650992031

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

SHARON SWABY

Street Address (P.O. Box Number is Not Acceptable)

9301 NW 19th Place

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33322

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]

REGISTERED AGENT MUST SIGN

Date

2/11/03

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
<i>33 D</i>	<i>SHARON SWABY</i>	<i>9301 NW 19th Place</i>	<i>SUNRISE, FL. 33322</i>
<i>44 D</i>	<i>HOWARD HARVEY</i>	<i>8250 NW 36th Street</i>	<i>SUNRISE, FL 33351</i>
<i>55 D</i>	<i>ROSALIE THOMAS</i>	<i>9290 NW 19th Place</i>	<i>SUNRISE, FL 33322</i>
<i>66 D</i>	<i>ROSALIE THOMAS</i>	<i>9290 NW 19th Place</i>	<i>SUNRISE, FL 33322</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

9547352550

Daytime Phone #

CR2E081 (10/02)

2/13

HOUSE OF EMPOWERMENT INC.,

3300 INVERARRY BLVD.,
LAUDERHILL, FL., 33319
TEL: 954-735-2550

February 11, 2003

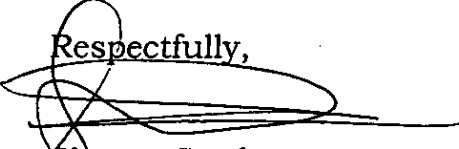
To Whom It May Concern: _____

In keeping with request on 2/11/03, this letter serves to notify you that \$236.00 was already submitted to reinstate corporation. Enclosed is the completed "reinstatement form" and an additional check of \$61.25 for the year 2003.

Please contact me at the address/telephone number above for any additional information.


Thanking you.

Respectfully,


Sharon Swaby,
President

2.

*Please see corrections made as requested.
If additional information is needed please
contact me at the above number.*


2/27/03