

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003212

1. Corporation Name

P.O.I.S.E., INC.

Principal Place of Business

12852 SW 88TH TERRACE
MIAMI FL 33186

Mailing Address

12852 SW 88TH TERRACE
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2001

5. FEI Number

52-2314817

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MORRISON, LAURA DR.	12852 SW 88TH TERRACE	MIAMI FL 33186
D	BETHEL, ELLEN	12852 SW 88TH TERRACE	MIAMI FL 33186
D/P/C	WILLIAMS, JAMES SR. WILLIAMS, LANCE A.	12852 SW 88TH TERRACE	MIAMI FL 33186
D/V/T	SMITH, MARILYN SMITH, YULANDA B.	12852 SW 88TH TERRACE	MIAMI FL 33186
D	JACKSON, HERMAN SR.	12852 SW 88TH TERRACE	MIAMI FL 33186
D	PERRY, DWANE WARE, MICHAEL S.	12852 SW 88TH TERRACE	MIAMI FL 33186

8. Name and Address of Current Registered Agent

BETHEL, ELLEN
12852 SW 88TH TERRACE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

9000008643809
10/23/02--01031--011 **\$1.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ellen Bethel
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

(305) 271-0506

Daytime Phone #

CR2E040 (8/02)

POISE, INC

12852 SW 88TH TERRACE
Miami, FL 33186

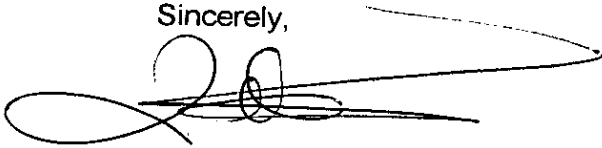
October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

This letter is in response to a notice of dissolution, Document # N01000003212. According to our records, we were not notified of any request for any request for an annual report. Therefore, attached is the requested application as well as a fee of \$61.25 (money order). For any additional information, please contact Lance A. Williams @ (305) 752-1719-O, (305) 277-0506-B, or law1poise@hotmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance A. Williams', with a long horizontal stroke extending to the right.

Lance A. Williams
President / CEO