PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

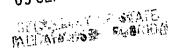
CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

09 SEP -2 PH 3: 36



DOCL	IMENT	# N0	10000	03212
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Corporation Name

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

						o ^{i.}	
2. Principal Office Address - No P.O. Box # 23021 SW 107th Avenue		•	3. Mailing Office Address 23021 SW 107th Avenue		NSTATEMENT,	03-09	
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Apt. #, etc.		, .		
<u> </u>					4. Date Incorporated or Qualified To Do Business in Florida 05/08/2001		
City & State		City & State	State		5. FEI Number Applied F.		
Miami, Florida		Miami, Florida	Miami, Florida		52-2314817		
^{Ζιρ} 33170	Country S	^{Zip} 33170	Country	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
	7. Name and Address	s of Current Registered A	gent		•		
Name Terilyn C. Williams				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			
Street Address (P.O. Box Number is Not Acceptable) 23021 SW 107th Avenue			the pr				
Suite, Apt. #, Elc.				receiv	received and requesting the reinstatement fee be waived.		
City Miami			FL 33170 State	ទា	300160246738 09/02/0901031010 **603.00		
8. I, being Signature o Registered	(Janle (above named dorporation a		he obligations of sect	Date 06/16/2009		
9. Names	s and Street Addresses of Each Officer a	and/or Director (Florida nor	nprofit corporations must list	at least 3 directors)		بحصد حصصص	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D/P/C	C Lance A. Williams		23021 SW 107th Avenue		Miami / Florida / 33170		
DΛ	Angelique S. Williams		23021 SW 107th Avenue		Miami / Florida / 33170		
D/T	Terilyn C. Williams	2302	21 SW 107th Avenu	е	Miami / Florida / 33170)	
D	Clarence R. Dukes	2302	21 SW 107th Avenu	le	Miami / Florida / 33170		
D	Kenio Mike	2302	21 SW 107th Avenu	e	Miami / Florida / 33170		

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/09 Date

J86-234-4849