

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003212

1. Corporation Name

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

2. Principal Office Address - No P.O. Box #

23021 SW 107th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33170

Country

USA

3. Mailing Office Address

23021 SW 107th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33170

Country

USA

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. Name and Address of Current Registered Agent

Name

Terilyn C. Williams

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

23021 SW 107th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33170

☐ 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 received and requesting the reinstatement fee be waived.

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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

Terilyn C. Williams

REGISTERED AGENT MUST SIGN

Date 06/16/2009

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
D/P/C	Lance A. Williams	23021 SW 107th Avenue	Miami / Florida / 33170
D/V	Angelique S. Williams	23021 SW 107th Avenue	Miami / Florida / 33170
D/T	Terilyn C. Williams	23021 SW 107th Avenue	Miami / Florida / 33170
D	Clarence R. Dukes	23021 SW 107th Avenue	Miami / Florida / 33170
D	Kenio Mike	23021 SW 107th Avenue	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 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 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

386-234-4849
Daytime Phone #

FILED

09 SEP -2 PH 3:36

SECRETARY OF STATE
RECEIVED

REINSTATEMENT

03-09

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