

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN 20 PH 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003212

1. Corporation Name

P.O.I.S.E., Inc.

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

11460 SW 243rd Terrace

3. Mailing Office Address

11460 SW 243rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33032

Country

USA

Zip

33032

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)

11460 SW 243rd Terrace

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

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

Date **June 17, 2013**

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
D/P/C	Lance A. Williams	11460 SW 243rd Terrace	Homestead/Florida/33032
D/V	Angelique S. Williams	11460 SW 243rd Terrace	Homestead/Florida/33032
D/T	Terilyn C. Williams	11460 SW 243rd Terrace	Homestead/Florida/33032
D	Dr. Mona B. Jackson	11460 SW 243rd Terrace	Homestead/Florida/33032
D	Robert Lysek	11460 SW 243rd Terrace	Homestead/Florida/33032
D	James H. Williams	11460 SW 243rd Terrace	Homestead/Florida/33032

10. E-mail Address: **lance@nova.edu**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

June 17, 2013 786-226-8417

#N 01000003212

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Additional officers/directors
P.O.I.S.E., INC.

Title: D

Name: Clarence R. Dukes

Address: 11460 SW 243rd Terrace
Homestead, FL 33032