

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 # <b>11460 SW 243rd Terrace</b>		3. Mailing Office Address <b>11460 SW 243rd Terrace</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Homestead, Florida</b>		City & State <b>Homestead, Florida</b>	
Zip <b>33032</b>	Country <b>USA</b>	Zip <b>33032</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>05/08/2001</b>			
5. FET Number <b>52-2314817</b>			
6. CERTIFICATE OF STATUS DESIRED <b>\$8.75 Additional Fee required for a Certificate of Status</b>			

13 JUN 20 PH 5: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

Reinstatement 2003-2013

*[Signature]*

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7. Name and Address of Current Registered Agent			
Name <b>Terilyn C. Williams</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>11460 SW 243rd Terrace</b>			
Suite, Apt. #, Etc.			
City <b>Homestead</b>			
<i>[Signature]</i>		State <b>FL</b>	Zip Code <b>33032</b>
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.			

Date **June 17, 2013**

Signature of Registered Agent			
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	<b>Lance A. Williams</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>
D/V	<b>Angelique S. Williams</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>
D/T	<b>Terilyn C. Williams</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>
D	<b>Dr. Mona B. Jackson</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>
D	<b>Robert Lysek</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>
D	<b>James H. Williams</b>	<b>11460 SW 243rd Terrace</b>	<b>Homestead/Florida/33032</b>

10. E-mail Address: <b>lance@nova.edu</b>
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(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.
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SIGNATURE: *[Signature]*

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

Title: D

Name: Clarence R. Dukes  
Address: 11460 SW 243<sup>rd</sup> Terrace  
Homestead, FL 33032