

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1612

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 10 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 02000006392

1. Corporation Name

P.O.W.B.R. - People Organized
Willing, Empowered + ReBoarding Inc

2. Principal Office Address

8650 Louie Rd

Suite, Apt. #, etc.

3. Mailing Office Address

8650 Louie Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32305

Country

Leon

Zip

32305

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

08-22-02

5. FEI Number

75-3078455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04-05

7. Name and Address of Current Registered Agent

Name

Patricia Moses

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

8650 LOUIE RD

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

300055656163

06/02/05--01/02/06--012 **131.25

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

Patricia Moses

REGISTERED AGENT MUST SIGN

Date

5/10/05

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
CEO	Patricia Moses	8650 Louie Rd	Tallahassee, FL 32305
CO- CEO	Byron Owens	"	"
CO- CEO	Catherine Bynum	"	"

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 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:

Patricia Moses

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/05 (850) 224-2660

Daytime Phone #

CR2E001 (01/05)

5/10/05 Vol 2

To whom:

I did not receive rejection letter from June 2004. I am requesting that the reinstatement fee be waived.

Patricia Moses