

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 16 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*2006000044979*

DOCUMENT # N04000011742

1. Corporation Name

P.O.W.E.R Foundation

2. Principal Office Address

1513 NW 19th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip  
33311

Country  
US

3. Mailing Office Address

1513 NW 19th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip  
33311

Country  
US

REINSTATEMENT 0506

4. Date Incorporated or Qualified  
To Do Business in Florida 12/16/04

5. FEI Number

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  
Natasha S. Cooper

Street Address (P.O. Box Number is Not Acceptable)  
1513 NW 19th Avenue

Suite, Apt. #, Etc.

City  
Fort Lauderdale

State  
FL

Zip Code  
33311

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

*Natasha S. Cooper*

Date 09/26/06

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	Anne M. Mc Kinzie	4331 NW 12th Street	Lauderhill, FL 33313
D	John A. Mc Kinzie	4331 NW 12th Street	Lauderhill, FL 33313
D	Ebonii C. Bryant	2740 Summerset Dr.#404	Ft. Lauderdale, FL 33313
CEO	Natasha S. Cooper	1513 NW 19th Ave	Ft. Lauderdale, FL 33311

100081084651  
10/20/06--01066--015 \*\*61.25

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

*Natasha S. Cooper*  
Natasha S. Cooper

Date

Daytime Phone #

9/26/06 954-605-9945