

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 14 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003899

1. Corporation Name

POWER MOVES, INC.

Principal Place of Business

715 A PHILIP RANDOLPH BLVD.
JACKSONVILLE FL 32202

Mailing Address

112 W. ADAMS ST #701
JACKSONVILLE FL 32202



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
816

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1999

5. FEI Number

59-3585951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|--|---|--|
| C/O | Joseph Chappelle | 1033 Grant St | Jacksonville, FL 32202 |
| P/O | Harry L. Williams II | 1151 VanBuren St. | Jacksonville, FL 32206 |
| M/O | Michael L. Sampson | 2216 Spring Park Rd #22 | Jacksonville, FL 32207 |
| T | Regina Serles | 4088 Barnes Rd #801 | Jacksonville, FL 32207 |
| | | | 800003487958-7 -12/05/00-01087-007 ***245.00 ***245.00 LS |

8. Name and Address of Current Registered Agent

JOHNSON, KATHERINE E
5220 CORD AVE
JACKSONVILLE FL 32308

9. Name and Address of New Registered Agent

Name

Joseph Chappelle

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

1033 Grant St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32203

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-16-00

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., 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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

904-475-1319

Daytime Phone #

CR2ED40 (8/00)