PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
00 FEB 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 99-2000

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

DOCUMENT # P97000019816

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REINSTATEMENT 99 00

SP

1. Corporation Name
EMPOWER GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
95 Payne Road	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Sebring, Florida	City & State: SAME
Zip: 33872 Country: U.S.A.	Zip: SAME Country: SAME

4. Date Incorporated or Qualified To Do Business In Florida 2-6-96

5. FEI Number 65-0859569 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional (If required for a Certified Copy add $5.00)

7. Name and Address of Current Registered Agent

Name: JUDY PRICE DETORE

Street Address (P.O. Box Number is Not Acceptable): 7609 W. Josephine Rd.

Suite, Apt. #, Etc.:

City: Lake Placid State: FL Zip Code: 33852

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: Judy Price DeTore Date: 2/23/00
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
P	CHARLES M. DETORE	7609 W. Josephine Rd.	Lake Placid, Fl 33852
V	DOUGLAS ARKFELD	1749 Vulcan Ave. #14	Encinitas, CA 92024
TS	JUDY PRICE DETORE	7609 W. Josephine Rd.	Lake Placid, Fl 33852

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: [signature] 2/18/00 877-229-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #