PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -5 PM 4:56

DOCUMENT # N97000002822

REINSTATEMENT 03

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01/05/04--01002--031 **236.25

1. Corporation Name
PATHWAY BEHAVIORAL HEALTH SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
2230 NW 152ND TERR.	2230 NW 152ND TERR.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: OPA LOCKA, FLORIDA	City & State: OPA LOCKA, FLORIDA
Zip: 33054-2726 Country: USA	Zip: 33054-2726 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/16/97

5. FEI Number: 65-0753401 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MATTHEW CUNNINGHAM
Street Address (P.O. Box Number is Not Acceptable): 20040 NW 29TH CT
Suite, Apt. #, Etc. —
City: MIAMI GARDENS State: FL Zip Code: 33056-1906

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: _____ Date: 12/30/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CHAIR	REV. MILTON E. ROLLE	17515 NW 2ND AVE	MIAMI, FL. 33056
V/CHAIR	SHERIA SAWYER	1900 SUNSET HARBOUR BLVD #316	N. MIAMI BEACH, FL. 33181
TREAS.	ROSA M. MILLER	15941 NW 18TH PLACE	OPA LOCKA, FL. 33054
SEC.	RAYMOND WALKER	12830 NW 5TH CT.	N. MIAMI, FL. 33169

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: Sonya M. Reese 12/30/03 305 769-7646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #