

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003992

1. Corporation Name

GUIDANCE PATHWAY SYSTEMS, INC.

Principal Place of Business

170 TAPLEY STREET
STE B
SPRINGFIELD MA 01104

Mailing Address

170 TAPLEY STREET
STE B
SPRINGFIELD MA 01104

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

5. FEI Number

04-3496718

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
PTD	GOLBER, RICHARD	34 EAST GREENWICH ROAD	LONGMEADOW MA 01106
S	GABERMAN, RICHARD M	217 ARDLSEY ROAD	LONGMEADOW MA 01106

200008813572

11/05/02--01082--021 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature Required

REGISTERED AGENT MUST SIGN

Date

10/28/02

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
Richard Golber, PTD

10/24/02

Date

413-732-4152

Daytime Phone #

10/28/02

Guidance Pathway Systems, Inc.
170 Tapley Street, Suite B
Springfield, MA 01104

October 24, 2002

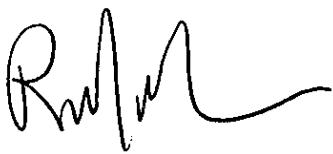
Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report
FEI: 04-3496718

Dear Sir:

I am writing to request that the reinstatement fee be waived for the above corporation. We did not receive the two prior Uniform Business Reports and have enclosed the completed Application for Reinstatement and the appropriate filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Golber', with a stylized, flowing script.

Richard Golber
Corp. President

RG/thr