PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JAN 30 PM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000002128

1. Corporation Name

Simons Pathway, Inc.

REINSTATEMENT

800256194488
01/30/14--01019--014 **150.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5508 Lonas Road	PO Box 10146
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Attn: Tax Dept
City & State	City & State
Knoxville, TN	Knoxville, TN
Zip / Country	Zip / Country
37909 / USA	37939 / USA

4. Date Incorporated or Qualified To Do Business in Florida
5/18/2012

5. FEI Number
75-1230505
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
X
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Coporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

800256194488
01/30/14--01019--013 **8.75

800256194488
01/30/14--01019--012 **750.00

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 Danny Verdecchia, Jr. Asst. Secretary REGISTERED AGENT MUST SIGN

Date 1/8/14

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
CEO	James A Haslam III	5020 Lyons View Pike	Knoxville, TN 37919
President	M. David Hughes	9121 Hailes Abbey Lane	Knoxville, TN 37922
VP & Treasurer	Jeff Roberts	730 Fox Dale Lane	Knoxville, TN 37934
SVP	Perry Taylor	17501 Egrets Landing	Edmond, OK 73012
SVP	Steve Cross	3316 Dogwood Lane	Edmond, OK 73034
Secretary	Kristin Seabrook	672 Brochardt Blvd.	Knoxville, TN 37934

10. **E-mail Address:** David.Enkema@pilottravelcenters.com
(To be used for future annual report notification)

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., and that all fees* owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as *if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

SIGNATURE: James A Haslam III 1/8/14 865-588-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #