PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -9 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/09/09--01008--008 **132.00

CR2E081 (12/07)

DOCUMENT # N00000005418

1. Corporation Name

Dre's Pathway To Independence, Inc.

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
10824 Heather Ridge Cir	P.O. Box 678221
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32817 Country: USA	Zip: 32867 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/2000

5. FEI Number: 02-0597206 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Tonja Olisia Jones

Street Address (P.O. Box Number is Not Acceptable): 10824 Heather Ridge Circle

Suite, Apt. #, Etc.: 107

City: Orlando State: FL Zip Code: 32817

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Tonja Jones Date: 11/01/2009
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/D	Tonja Olisia Jones	10824 Heather Ridge Cir.	Orlando, FL 32817
V/D	Aundre Jerrard Jones	10824 Heather Ridge Cir	Orlando FL 32817
T/T	Lawrence Edward Blunt	285 El Camino Dr.	Perry, FL 32347
S/D	Rebecca Haynes-Joshua	4756 Walnut Ridge Dr.	Orlando, FL 32829
C/D	Treva Walker	107 Belair Street	Perry, FL 32348
REINSTATEMENT		RH	

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 contained in Chapter 119, 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: Tonja Jones Tonja Jones 11/1/09 (407)601-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #