PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DIVISION OF C	RTMENT OF STAT ry of State CORPORATIONS	E	FILED 09 NOV -9 AM		
DOCUMENT # N 0000005418 1. Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Dres Pathway To Independence, Inc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					500162626805 11/09/0901008008 **132.00		
2. Principal Office Address - No P.O. Box # 10824 Heather Ridge Cir. P.O. Box 678221 Suite, Apt. #, etc. Suite, Apt. #, etc.					CR2E081 (12/07)		
107			4.		Date Incorporated or Qualified To Do Business in Florida 08/14/2:000		
Orlando, H. Or		*	lando, FL		FEI Number Applied For Not Applied For		
32817 Country 32817	γ 4	32861	Country	6. CERTIFICATE	S8.75 FOR STATUS DESIRED	Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent					•		
Name Tonja Olisia Jones					The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (Re. Box Number is Not Acceptable) 10824 Heather Ridge Circle				are ce	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Suite Apt. #, Etc.							
Orlando State Zip Code FL 32817							
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 MUST SIGN					Date 11/01/2009		
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		
PD Tonja Ol	isia Jo	nes 108%	24 Heather	Ridge Cir.	Orlandi), HL 32817	
VA Aundre	Jerrard	Jones 10	1824 Healt	ver Ridge (ie Orlaina	b 4L 328M	
T/T Lawrence Edward Blunt 285 EL Cavino Dr. Pary Fb 32347							
S/D Renecca Haynes-Joshua 4756 Walnut Ridge DR. Orlando, Sh. 3282							
C/D Treva Walker 107 Belair Street Perry, 9h 32348							
REINSTATEMENT IN '							
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.							
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