## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 09 MAY 13 PM 1:56				
DOCUMENT # N0100001085  1. Corporation Name						SEUNETARY OF STATE TALLAHASSEE, FLORIDA				
CAREER PATHS, INC.										
W09 - 22040						J 70/	700155897507			
			neast 199th Street			05/13/09-01031-024 **245.00 CR2E081(12/08) 06-69				
Suite, Apt. #, etc. Suite, Apt. # 105			etc.							
City & State	City & State				5. FEI Number Applied For					
Zip	/liami Beach	North Miami Beach FL  Zip Country			itrv	65108778	651087782			
FL	33179	33179				GERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status	
7. Name and Address of Current Registered Agent Name										
Yanithe L Vincent							The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 190 NE 199th Street						•	the prior notices. By checking this box, you are certifying the prior notices were not			
Sulte, Apt. #, Etc. 105						receive	received and requesting the reinstatement fee be waived.			
City North N	State Zip Code 33179			100 20	Wai+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 o Registered			Date 04/30/2009							
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 Directors  Officer and/or Directors  Officer and/or Directors						City/State/7in				
CEO	Yanithe L Vincent	190 NE 199th Street Suite 105				North Miami Beach FL 33179				
GMD	Jeanluke LaGuerre	190 NE 199th Street Suite 105			105	North Miami Beach FL 33179				
D	Roosevelt Milfort	190 NE 199th Street Suite 105			105	North Miami Beach FL 33179				
TS	Marie Laurenceau	190 NE 199th Street Suite 105			105	North Miami Beach FL 33179				
М	Marie Maxi	190 NE 199th Street Suite 105			105	North Miami Beach FL 33179				
s	Vivianne Max	190 NE 199th Street Suite 105			105	North Miami Beach FL 33179				
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.										

Yanithe L Vincent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2009

Date

305-493-1762

Daytime Phone #

SIGNATURE: