

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003089

1. Corporation Name

PATHWAY SERVICES, INC.

Principal Place of Business

34444 SOUTH HAINES CREEK RD.
LEESBURG FL 34788

Mailing Address

34444 SOUTH HAINES CREEK RD.
LEESBURG FL 34788



REINSTATEMENT 03

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

04/19/2002

5. FEI Number

N02000003089

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALSTON, FAY	340 STERLING DR.	OC0EE FL 34761
SD	ALSTON, DAVID	340 STERLING DR.	OC0EE FL 34761
D	SALTERS, VERNEAL	1619 GLENHAVEN CIR.	OC0EE FL 34761
D	DUCKETT, WINSTON	45 FORSTER RD.	NEW ROCHELLE NY
D	HARRIS, SONJA	340 STERLING LAKE DR.	OC0EE FL 34761

8. Name and Address of Current Registered Agent

ALSTON, FAY
340 STERLING DR.
OC0EE FL 34761

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

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

Fay Alston
REGISTERED AGENT MUST SIGN

Date

10/1/02

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:

Fay Alston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/02

Daytime Phone #

407-892-7177

CR2E040 (7/03)