

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO7000007790**

1. Corporation Name

Path of Light Inc.

2. Principal Office Address - No P.O. Box #

4761 Zana Dr.

Suite, Apt. #, etc.

City & State

Fort Myers, Fl.

Zip

33905

Country

Lee

3. Mailing Office Address

4761 Zana Dr

Suite, Apt. #, etc.

City & State

Fort Myers, Fl.

Zip

33905

Country

Lee

4. Date Incorporated or Qualified To Do Business in Florida

8-8-2007

5. FEI Number

11-3819784

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

Quayastine Moore

Street Address (P.O. Box Number is Not Acceptable)

4761 Zana Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

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

Quayastine Moore

REGISTERED AGENT MUST SIGN

Date

3-11-10

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	Quayastine Moore	4761 Zana Dr. Fort Myers, FL 33905	Fort Myers FL 33904
V	Eddie Fetton	410 SE 14TH Terrace Cape Coral FL 33990	Cape Coral FL 33990
S	Ruth Wilburn	1826 SW 17TH Place	Cape Coral FL 33991
T	Yolanda Fournah	822 Glenn Ave	Lehigh Acres, FL 33972
	REINSTATEMENT	RH	

10. E-mail Address: **MORE LIFE @ yahoo.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., 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.

SIGNATURE:

Quayastine Moore Quayastine Moore 3-11-10 332-3575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #