

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011202

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: THE PATHWAY HOME, INC.

**Current Principal Place of Business:**

21825 SW 109 AVE.  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

21825 SW 109 AVE.  
MIAMI, FL 33170

**New Mailing Address:**

P.O. BOX 161738  
MIAMI, FL 33116

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KENT, JIM  
10621 N. KENDALL DR., STE. 120  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JIM KENT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CAREY, CHERYL  
Address: 21825 SW 109 AVE.  
City-St-Zip: MIAMI, FL 33170

Title: DV ( ) Delete  
Name: UGARTE, EDITH  
Address: 10050 NW 9 ST., CIR, #104  
City-St-Zip: MIAMI, FL 33172

Title: DS ( ) Delete  
Name: MIXSON, DENISE  
Address: 12381 SW 113 AVE.  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CAREY

DP

03/17/2009

Electronic Signature of Signing Officer or Director

Date