

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2014-2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN -9 5:18:21

ALL FLORIDA

DOCUMENT # N1100005858

1. Corporation Name

Pathway to Business Success, Inc. An entrepreneurship program for all Veterans

A Grant Program For Returning VETERANS

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

1217 Delaware Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34950

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/2011

5. FEI Number

45-2624248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Corey Clive

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

1217 Delaware Ave

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

200267848822
01/09/15--01024--017 **\$1.25

200267848822
12/30/14--01032--005 **\$236.50

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

Date 12/26/14

REGISTERED AGENT MUST SIGN

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	Corey Clive	1217 Delaware Ave	Fort Pierce, FL 34950
VP	Andy Parks	6627 SW Key Deer Lane	Palm City, FL 34990
S	Joshua White	1217 Delaware Ave	Fort Pierce, FL 34950
D	Michael Corbit	584 NW University Blvd, Suite 100	Port Saint Lucie, FL 34986

10. E-mail Address: corey@venenergygroup.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/14

Daytime Phone #

561-676-8382

K. ASHTON