

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 10:23

DOCUMENT # **N44661**

1. Corporation Name

Pathways To Excellence, Inc.

Principal Place of Business

Mailing Address

**3455 26th Avenue South
St. Petersburg, Florida 33711**

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-3128764**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Dr. Henry J. Lyons	4264 45th Street South	St. Petersburg, FL 33711
V. Pres	Leon Highsmith	3317 17th Avenue South	St. Petersburg, FL 33712
Treas	William Gale	5500 5th Street South	St. Petersburg, FL 33705
Sec.	Deborah Blake	3455 26th Avenue South	St. Petersburg, FL 33711
Dir	Deborah L. Lyons	4264 45th Street South	St. Petersburg, FL 33711

8. Name and Address of Current Registered Agent

**Deborah Blake
3455 26th Avenue South
St. Petersburg, Florida 33711**

9. Name and Address of New Registered Agent

Name

600002342616--0

-11/10/97--01076--002

Street Address (P.O. Box Number is Not Accepted) *****893.75 ***358.75**

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.

Signature of
Registered Agent

Deborah Blake

REGISTERED AGENT MUST SIGN

Date

Oct. 28, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Dr. Henry J. Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Henry J. Lyons

Date

10/28/97

813 866-3500
Daytime Phone #

CR20040 (1/2/95)