

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
and B. Nathan
Secretary of State
DIVISION OF CORPORATIONS

N9200000254

97 MAY 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000254

1. Corporation Name

Pasos Adelante, Inc.

Principal Place of Business

2150 State Road 559
Wahnetta, FL 33880

Mailing Address

Same

REINSTATEMENT

5/19/97
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

11/12/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3156705

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. D	Norman Henry	2216 John Arthur Way	Lakeland, FL 33801
Vice- Pres.	/D Charles Bishop	1502 Buckeye Rd. N.E. Unit 2	Winter Haven, FL 33881
Secy. D	Paula Villarreal	104 Rifle Range Rd.	Wahnetta, FL 33880
Tres. D	John Martiney	4203 Thomaswood Lane	Winter Haven, FL 33880
Migr. Repre.	/D Sister Paula Schwendinger	2150 S.R. 559	Wahnetta, FL 33880

8. Name and Address of Current Registered Agent

Roger Frazier
1851 Crystal Grove Dr.
Lakeland, FL 33883

9. Name and Address of New Registered Agent

Name
Sister Paula Schwendinger
Street Address (P.O. Box Number is Not Acceptable)
2150 S.R. 559
Suite, Apt. #, Etc.
City
Wahnetta, FL 33880

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

Sister Paula Schwendinger

REGISTERED AGENT MUST SIGN

Date 5-14-97

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)(l), 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 14 1997 (941) 613-5467
Date Daytime Phone #

CP20040 (12/96)