

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N94000002453

THE UNLIMITED PATH, INC.

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

1015 Grace Ave

3. Mailing Office Address

PO Box 206

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32401

Country

USA

Zip

32402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1994

5. FEI Number
59-3248418

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

Bertrand Randolph

Street Address (P.O. Box Number is Not Acceptable)
1015 Grace Ave

Suite, Apt. #, Etc.
Suite A

City
Panama City

State
FL

Zip Code
32402

☐ 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

REGISTERED AGENT MUST SIGN

Date 3-25-09

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
PD	Shelia Randolph	7526 Sunset Ave	Panama City, Florida 32408
TSD	Bertrand Randolph	7526 Sunset Ave	Panama City, Florida 32408
VP	Thomas Hobley	2541 Bales Ave	Kansas City, Missouri 64127
D	MayLi Hewitt	251 Sundial Street	Panama City Beach, Florida 32413
D	Angela Lewis	2331 Timbercrest Drive	Deltona, FL 32738
D	Joann Stirling	1522 Brook Street	Tallahassee, FL 32310

10. 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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bertrand Randolph 3-25-09 850-522-1533

Date

Daytime Phone #