

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029513**

1. Corporation Name

PAVING THE WAY, INC.

Principal Place of Business

Mailing Address

5260 HAMMOCK CIR
ST CLOUD FL 34771

5260 HAMMOCK CIR
ST CLOUD FL 34771



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip
33896

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/2002

5. FEI Number

01-0621563

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CHASTEEN, PATRICK	5260 HAMMOCK CIR	ST CLOUD FL 34771

500024981995
11/24/03--01093--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASTEEN, PATRICK
5260 HAMMOCK CIR
ST CLOUD FL 34771

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-17-03

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick M. Chasteen

Date

11-17-03

Daytime Phone #

407-789-5070

CR2ED40 (7/03)

PAVING THE WAY
by PATRICK CHASTEEN
5260 HAMMOCK CIRCLE
ST. CLOUD FL, 34741
407-709-5070

Please make note of our current mailing address, as we never received our prior Uniform Business Report Notices. Please find the enclosed check for the filing fee of \$150.00. We thank you for your promptness and assistance in handling this matter.

Sincerely,

Patrick M Chasteen
Officer
Paving the Way