

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

03 NOV -7 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073531

1. Corporation Name

PATHFINDERS OF AMERICA, INC.

HR

Principal Place of Business

800 N MAGNOLIA AVE. STE 1700
ORLANDO FL 32803

Mailing Address

800 N MAGNOLIA AVE. STE 1700
ORLANDO FL 32803



REINSTATEMENT 2003 wot

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

07/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

45-0481651

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<i>d/p</i>	GOLDSTEIN, ADAM	800 N MAGNOLIA AVE, STE 1700	ORLANDO FL 32803

700024526167
11/07/03--01070--026 **150.00

8. Name and Address of Current Registered Agent

PEARLMAN, CRAIG S
2 S ORANGE AVE, 5 FLR
ORLANDO FL 32801

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/03
407-610-6100

CR2E040 (7/03)

2052

Pathfinders of America, Inc.
800 North Magnolia Avenue, Suite 1700
Orlando, Florida 32803
407-620-6100

October 25, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

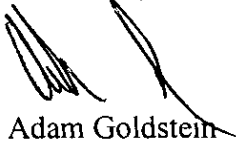
Please waive the reinstatement fee since I did not receive the prior notices.

Pathfinders of America, Inc. become incorporated July 5, 2002 and this was the first year a uniform business report would have been required. I was unaware of this requirement and to my knowledge I did not receive any notice.

Enclosed please find a check in the amount of \$150 payable to the Department of State and the application for reinstatement.

Should you have any questions concerning the above, please call me at your convenience.

Yours truly,



Adam Goldstein
As President

Enclosures