

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 16 AM 8:00

DOCUMENT # *P 970000 12302*

1. Corporation Name

OUR PATH, INC.

REINSTATEMENT *02-03*

100023110321

09/16/03--01067--002 **908.75

2. Principal Office Address

1515 N. FEDERAL HWY 1515 NORTH FEDERAL HWY

3. Mailing Office Address

1515 NORTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE #300

Suite, Apt. #, etc.

SUITE #300

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA.

Zip

33432

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/97

5. FEI Number

65-0727605

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

ROBERT D. WILLIX M.D.

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

338 S.W. 16TH ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Robert D. Willix M.D.

REGISTERED AGENT MUST SIGN

Date

SEP 9, 2003

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
<i>PRES</i>	<i>ROBERT D. WILLIX M.D.</i>	<i>338 S.W. 16TH ST</i>	<i>BOCA RATON, FL 33432</i>
<i>VICE PRES</i>	<i>DONNA LEE WILLIX</i>	<i>338 S.W. 16TH ST</i>	<i>BOCA RATON, FL 33432</i>
<i>SEC TREAS</i>	<i>ROBERT D. WILLIX M.D.</i>	<i>338 S.W. 16TH ST</i>	<i>BOCA RATON, FL 33432</i>

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 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: *Donna Lee Willix*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/03 *561-447-7643*

Daytime Phone #