

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026010

1. Corporation Name
CLEARPATH, INC.

Principal Place of Business

4790 140TH AVENUE NORTH
STE 508
CLEARWATER FL 33762
US

Mailing Address

4790 140TH AVENUE NORTH
STE 508
CLEARWATER FL 33762
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1997

5. FEI Number

50-3455433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575. A fee of \$575 is 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	PEARCE, RICHARD J	7300 2ND AVENUE SOUTH 7350 BRAW RD. Golden CO. 80401	ST. PETERSBURG FL 33707
			900003069529--1 -12/14/99--01074--011 ***750.00 ***750.00

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent

PEARCE, RICHARD J
7300 2ND AVENUE SOUTH
ST. PETERSBURG FL 33707

SAME

9. Name and Address of New Registered Agent

Name: Richard J. Pearce
Street Address (P.O. Box Number is Not Acceptable): 7300 2nd Avenue S
Suite, Apt. #, Etc.:
City: St. Pete FL Zip Code: 33707

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

Richard J. Pearce

REGISTERED AGENT MUST SIGN

Date

11/29/99

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

Richard J. Pearce

11/29/99 800-667-6694

800-662-6694