

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.


FILED

2008 JUN 27 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100132022381
07/01/08--01001--008 **367.00
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**
03-08

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005122

1. Corporation Name

Positive Minds Inc.

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

334 Maryland Ave.

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34769

Country

USA

3. Mailing Office Address

334 Maryland Ave.

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34769

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2002

5. FEI Number
81-0552965

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

Shelley L. Watson

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

334 Maryland Ave.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34769

☒ 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

Shelley L. Watson

REGISTERED AGENT MUST SIGN

Date 5/6/08

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
Dir	Shelley L. Watson	334 Maryland Ave.	St. Cloud, Florida 34769
Sec	Denise Sirbono (New Addition)	1705 Cheryl Lane	Kissimmee, Florida 34744
Off	Cynthia Ingram	334 Maryland Ave.	St. Cloud, Florida 34769

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:

Shelley L. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08

Date

Daytime Phone #

News
7-1-08