



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005186 1. Entity Name POSITIVE I.M.A.G.E.S., INC. OF TALLAHASSEE						05 SEP 20 PM 2:42 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1010 MACOMB STREET TALLAHASSEE, FL 32303				Mailing Address P.O. BOX 7213 TALLAHASSEE, FL 32314			
2. Principal Place of Business 1700 Joe Louis St. Suite, Apt. #, etc. #102		3. Mailing Address 1700 Joe Louis St Suite, Apt. #, etc. #102					
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 16-1672240		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32304 Country USA		Zip 32304 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAVIS, JOHNNIE M 539 WEST GEORGIA STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Johnnie M. Chavis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>9/20/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.00 ^{41.25}				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, CYNTHIA 492 MEADOW RIDGE DR. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 470060088554 09/29/05--01071--003 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMASI, TESS 542 E, GEORGIA ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, GLADYS 1446 CRAFT ST. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, S. JEAN 1304 PRESTON ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAYSON, MARY FINANCI 3105 GALLIMORE DR. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, GLADYS ASST. P.O. BOX 13812 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Gladys M. Carthy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>09-20-05</u> Daytime Phone # <u>514-3500</u>			