

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004505**

1. Corporation Name

POSITIVE ALTERNATIVES, INC.

Principal Place of Business

4702 AVENUE O
FORT PIERCE FL 34947

Mailing Address

4702 AVENUE O
FORT PIERCE FL 34947



300002000093--8
-11/08/96--01027--020
***383.75 ***383.75

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

2. New Principal Office Address, If Applicable
7889 Saddlebrook Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
7889 Saddlebrook Dr

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

Zip
34986

Country
US

City & State
Port St. Lucie, FL

Zip
34986

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

65-0658420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DVT	HAYWOOD, ROSE M	4702 AVENUE O	FORT PIERCE FL 34947
DS	COLLINS, PATSY H	2803 ESSEX DRIVE	FORT PIERCE FL 34946
D	MONEIL, RYAN D	4702 AVENUE O	FORT PIERCE FL 34947

REINSTATEMENT 1996

H. Allen
11-10-96

8. Name and Address of Current Registered Agent

STARKE, LEONARDO D
3340 McDONALD STREET
MIAMI FL 33133

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.

Signature of
Registered Agent

Leonardo D. Starke
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **9/27/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ryan D. Moneil
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **OCT 3, 1996**

Daytime Phone # **561-465-5157**