

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700000059 Li

1. Corporation Name

**POSITIVE IMAGE COMMITTEE, INC.**

Principal Place of Business

Mailing Address

**3202 N. JEFFERSON STREET  
TAMPA, FL 33603**

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

2. New Principal Office Address, If Applicable

**SAME AS ABOVE**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3478070**

**2/3/97**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee 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)

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
	<b>Please see Attachment</b>		

**REINSTATEMENT**

**98-99 TB 5/4/99**

**500002971345-1  
-05/11/99-01061-002  
\*\*\*\*297.50 \*\*\*\*297.50**

8. Name and Address of Current Registered Agent

**Marvin R. Knight  
3202 N. Jefferson Street  
Tampa, FL 33603**

9. Name and Address of New Registered Agent

Name  
**SAME**  
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  
**Marvin R. Knight**  
REGISTERED AGENT MUST SIGN

Date  
**March 15, 1999**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/99**

**813-229-0830**

Daytime Phone #

CR2E06\* (12-98)

## ATTACHMENT

### Officers

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

1. Title (s)	2. Name of Officers and/or Directors	3. (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4. City/State/Zip
President - D	Marvin R. Knight	3203 N. Jefferson Street	Tampa, FL 33603
Vice-President - D	Darrell T. Palmer	12317 Langshane Drive	Tampa, FL 33592
Secretary	Tanya R. Johnson	3808 Clearfield Avenue	Tampa, FL 33549
Correspondent Secretary - T	Cynthia M. Forward	19501 Coachlight Way	Lutz, FL 33549
Parliamentarian	Twanda E. Bradley	7927 Pine Drive	Tampa, FL 33637
Treasurer	Darlene J. Johnson	4210 W. Nassau Drive	Tampa, FL 33607
Sergeant-At-Arms	Morry C. Williams	3427 W. Kirby Street	Tampa, FL 33614
Chaplain	Robert E. Balkman	6659 Messer Drive	Seffner, FL 33584
Chaplain	Willie G. Dixon	1310 E. 9 <sup>th</sup> Avenue	Tampa, FL 33605
	Melvin Stone	639 Pine Forest Drive	Brandon, FL 33511