


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000596 1. Entity Name POSITIVE IMAGE COMMITTEE, INC.			
Principal Place of Business 3202 N. JEFFERSON STREET TAMPA, FL 33603		Mailing Address 3202 N. JEFFERSON STREET TAMPA, FL 33603	
2. Principal Place of Business - No P.O. Box # 12317 Langshaw Dr Suite, Apt. #, etc.		3. Mailing Address P.O. Box 868 Suite, Apt. #, etc.	
City & State Thonotosassa FL		City & State Thonotosassa FL	
Zip 33592		Zip 33592	
Country Hillsborough		Country Hillsborough	
4. FEI Number 59-3478070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, MARVIN R 3202 N JEFFERSON STREET TAMPA, FL 33603		7. Name and Address of New Registered Agent Name Darrell T Palmer Street Address (P.O. Box Number is Not Acceptable) 12317 Langshaw Dr City Thonotosassa FL Zip Code 33592	
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>[Signature]</i></u> Darrell T. Palmer (President) - 1-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KNIGHT, MARVIN R STREET ADDRESS 3203 N JEFFERSON STREET CITY-ST-ZIP TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500088286475 02/14/07--01010--021 **306.50
TITLE VPD NAME PALMER, DARRELL T STREET ADDRESS 12317 LANGSHAW DRIVE CITY-ST-ZIP THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete	TITLE PD NAME PALMER, DARRELL T STREET ADDRESS 12317 LANGSHAW DR CITY-ST-ZIP THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME FORWARD, CYNTHIA M STREET ADDRESS 19501 COACHLIGHT WAY CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE SO NAME FORWARD, CYNTHIA M STREET ADDRESS 19501 COACH LIGHT WAY CITY-ST-ZIP LUTZ FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME PALMER, DARRELL T STREET ADDRESS 12317 LANGSHAW DR CITY-ST-ZIP THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE PA NAME BRADLEY, TWANDA E STREET ADDRESS 7927 PINE DRIVE CITY-ST-ZIP TAMPA, FL 33637	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD2 NAME FORWARD, THOMAS STREET ADDRESS 19501 COACHLIGHT WAY CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE VPD NAME FORWARD, THOMAS STREET ADDRESS 19501 COACHLIGHT WAY CITY-ST-ZIP LUTZ FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-17-07 Daytime Phone # 813-310-0080	

FILED

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