

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058058

1. Corporation Name

POSITIVE VISIONS, INC.

Principal Place of Business

618 W WASHINGTON ST
QUINCY FL 32351

Mailing Address

799 Friday Road
~~618 W WASHINGTON ST~~
QUINCY FL 32351 32352-6747



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2002

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SMITH, RODERICK O	618 W WASHINGTON ST	QUINCY FL 32351
V	SMITH, THEOPHILUS R	618 W WASHINGTON ST	QUINCY FL 32351
ST	HINSON, BETTY	799 FRIDAY RD	QUINCY FL 32352

100024636761
11/13/03--01044--015 **150.00

8. Name and Address of Current Registered Agent

HINSON, BETTY
799 FRIDAY RD
QUINCY FL 32352

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. or 617.0505, F.S.

Signature of
Registered Agent

Betty L. Hinson, RA
REGISTERED AGENT MUST SIGN

Date November 6, 2003

11. 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:

Betty L. Hinson, S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 6, 2003
Date

850-825-5204
Daytime Phone #

CR2E040 (7/03)

November 06, 2003

Dear Sir or Madam:

Positive Visions, Incorporated respectfully requests to have the reinstatement fee waived due to not receiving the two prior uniform business report (UBR) notices.

We also ask that all future correspondence be mailed to the following address:

**Positive Visions, Inc.
% Betty Hinson, Registered Agent
799 Friday Road
Quincy, Florida 32353-6747**

Thank you for your consideration in this matter. My daytime telephone number is 850-875-5204.

**Sincerely,
POSITIVE VISIONS, INC.**

A handwritten signature in cursive script that reads "Betty L. Hinson". The signature is written in dark ink and is positioned above the printed name and title.

**Betty L. Hinson
Registered Agent/Secretary Treasurer**