

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000107552

1. Corporation Name

POSITIVE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

8873 BLACKHEATH WAY  
TALLAHASSEE FL 32312

8873 BLACKHEATH WAY  
TALLAHASSEE FL 32312

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

2. New Principal Office Address, If Applicable

P.O. Box 12218

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 12218

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip  
32317

Country  
USA

City & State

Tallahassee, Florida

Zip  
32317

Country  
USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1997

5. FEI Number 59-3488701

Applied For

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
PRST	ARRINGTON, M D	8873 BLACKHEATH WAY	TALLAHASSEE FL 32312
PRST	Arrington, M. D.	P.O. Box 12218	Tallahassee, Florida 32317
			200003305012--9
			-06/26/00--01140--002
			****900.00 ****900.00
			6/12/00

8. Name and Address of Current Registered Agent

WILLIAMS, WADE  
121 WEST CLARK STREET  
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

Timothy D. Padgett

Street Address (P.O. Box Number is Not Acceptable)

2810 Remington Green Circle

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

SIGNATURE REQUIRED  
Timothy D. Padgett

Date

6/12/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED  
M. D. Arrington

Date

6/8/00

Daytime Phone #

850-933-4620

CR2E040 (8/99)