

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047029

1. Limited Liability Company's Name

Bright Horizons Real Estate In

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 11850 9th Street		3. Mailing Office Address	
Suite, Apt. #, etc. 4309		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33716	Country USA	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Richard Barrett	
Street Address (P.O. Box Number is Not Acceptable) 11850 9th Street North	
Suite, Apt. # Etc. Apt. 4309	
City St. Petersburg	State FL Zip Code 33716

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

PRESIDENT

Date **3-2-07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	Michael Petti	6115 Chene Ct.	Lutz, FL 33558
			300092353233 03/12/07--01021--010 **200.00
			REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date **3-2-07**

Daytime Phone **(813) 810-6545**

Typed or printed name of signing Managing Member/Manager

Michael Petti