

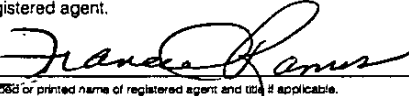
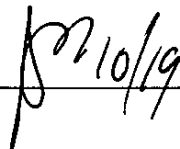
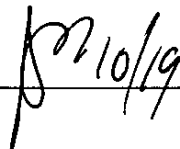
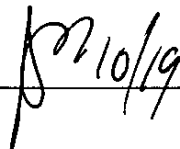
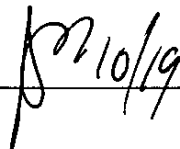
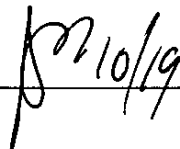
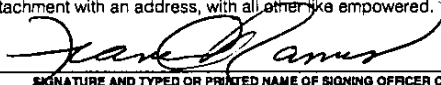


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000005232</b> 1. Entity Name <b>BRIGHTER FUTURE CHRISTIAN ACADEMY, INC.</b>						<b>FILED</b> <b>05 OCT 14 AM 8:43</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5301 GODDARD AVENUE</b> <b>ORLANDO, FL 32810</b>				Mailing Address <b>5301 GODDARD AVENUE</b> <b>ORLANDO, FL 32810</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>02-0631694</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RAMOS, FRANCES</b> <b>5301 GODDARD AVENUE</b> <b>ORLANDO, FL 32810</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-11-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, FRANCES			NAME			
STREET ADDRESS	1000 MELLER WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, RAFAEL			NAME			
STREET ADDRESS	1000 MELLER WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVERA, MARIBEL			NAME			
STREET ADDRESS	147 BEXLEY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	OCOE, FL 34761			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVERA, IRENE			NAME	<b>700060627837</b> <b>10/14/05--01056--006 **236.25</b>		
STREET ADDRESS	5161 STONE HARBOR ROAD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLIVAN, JESSICA			NAME			
STREET ADDRESS	4781 LANTERN CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALCIDES, SOTO			NAME			
STREET ADDRESS	9344 CHANDOND DR.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10-11-05</b> Daytime Phone # <b>407-293-5867</b>			