~ ~2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0200005232 1. Entity Name BRIGHTER FUTURE CHRISTIAN ACADEMY, INC.								(FILE 05 OCT 14		
Principal Place of Business 5301 GODDARD AVENUE ORLANDO, FL 32810			Mailing Address 5301 GODDARD AVENUE ORLANDO, FL 32810			· · · · · · · · · · · · · · · · · · ·		Ĭ	SLUNLTÄRY ALLAHASSE	OF STATE E, FLORIDA	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10122005 _{REi}	N-NP C	CR2E099 (6/04)		
City & State			City & State					4. FEI Number 02-063169	4	 	pplied For
Zip	Country		Zip		Cou	Country		5. Certificate of St	atus Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
RAMOS, FRANCES						Name					
5301 GÓD	DARD AVE D, FL 32810				Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code					
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 ac the obligations of registered agent.											, and accept
SIGNATURE Signature, SPECI or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE											
our value, typed or printed name of registered agont, and time applicable. (NUTE: Heptabled Agent algoritus required when reinstationg) UATE											
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50										check payable to Department of S	
10.	1 =	OFFICERS AND D	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICERS A		
TITLE NAME	D RAMOS F	PANCES		Delete	TITL	-				☐ Change	☐ Addition
NAME RAMOS, FRANCES STREET ADDRESS 1000 MELLER WAY						EET ADDRESS					
CITY-ST-ZIP	ORLANDO	, FL 32825			СПҮ	r-st-zip					
TITLE	D	4 57 4 571		Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS	RAMOS, R				NAM STRI	AE EET ADDRESS		\mathcal{D}_{i} /			
CITY-ST-ZIP		, FL 32825				r-ST-ZIP	Λ	10/19			
TITLE	D			Delete	TITL	Æ	P	1./		☐ Change	☐ Addition
NAME	RIVERA, M				NAN		1				
STREET ADDRESS CITY-ST-ZIP	147 BEXLE					EET ADDRESS Y-ST-ZIP	•				
TITLE	D		·	☐ Delete	TITL	.E				☐ Change	☐ Addition
NAME	RIVERA, IF				NAN			700	06062 010560	T837	
STREET ADDRESS CITY-ST-ZIP	1	NE HARBOR ROAD , FL 32808				EET ADDRESS Y-ST-ZIP		10/14/05	010550	NG **235.	. Zb
TITLE	D	,,,,		☐ Delete	TITL	.E				☐ Change	☐ Addition
NAME	SULLIVAN	, JESSICA			NAA	_					
STREET ADDRESS	l				STR	EET ADDRESS					
CITY-ST-ZIP	4781 LANT				CITY	Y-ST-ZIP					
CITY-ST-ZIP TITLE	4781 LANT	FERN CT. 9, FL 32808		Delete	CITY TITE	Y-\$T-ZIP LE				☐ Change	Addition
TITLE NAME	4781 LANT ORLANDO D ALCIDES,	SOTO		. Delete	TITE NAA	NE LE				☐ Change	Addition
TITLE NAME STREET ADDRESS	4781 LANT ORLANDO D ALCIDES, 9344 CHAI	SOTO NDOND DR.		. Delete	TITE NAA STR	LE ME IEET ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCIDES, 9344 CHAI ORLANDO	SOTO NDOND DR. I, FL. 32825	th this filing	does not quality fo	TITE NAM STR CIT	LE ME ME ME MET ADDRESS Y-ST-ZIP REMODIUM STATE	ad in Se	action 119,07(3)(i) Fi	orida Statutės. I furt	ther certify that the	information
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	DALCIDES, 9344 CHAI ORLANDO Certify that the drop or a tipo rooting or the control of the certify that the drop or a tipo rooting or the certify that the drop or the certify that the certify that the certification or the certification of th	SOTO NDOND DR. In Fig. 32825 Information supplied with or supplemental report	is true and cowered to	does not qualify fo accurate and that execute this report	NAM STR CIT or the exe my signa t as requ	ME M	ive the	same legal effect as	if made under oath:	ther certify that the	information
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	4781 LANTORLANDO D ALCIDES, 9344 CHAI ORLANDO certify that the d on this report poration or the d, or on an attain	SOTO NDOND DR. In Fig. 32825 Information supplied with or supplemental report	is true and powered to with all of	does not qualify fo accurate and that execute this report	NAM STR CIT or the exe my signa t as requ	ME M	ive the	same legal effect as 7, Florida Statutes; ar	if made under oath:	ther certify that the ; that I am an office pears in Block 10 a	information or or director or Block 11 if