

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # N98000002142

1. Corporation Name

BRIGHTEN THE CORNER, INC.

Principal Place of Business

1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address

4427 DEL PRADO BLVD.
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

4427 Del Prado Blvd

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33904

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1998

5. FEI Number

59-3565995

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HUNT, JOHN R	1203 EVERST PARKWAY	CAPE CORAL FL 33904
VD	TILLEY, LOUIS N	1663 EDITH ESPLANADE	CAPE CORAL FL 33904
SD	ROOSA, RICHARD V	1714 CAPE CORAL PARKWAY	CAPE CORAL FL 33904
TD	BARNETTE, ANDREW ANDREW	4427 DEL PRADO BLVD.	CAPE CORAL FL 33904
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8. Name and Address of Current Registered Agent

ROOSA, RICHARD V
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name
ANDREW A BARNETTE
Street Address (P.O. Box Number is Not Acceptable)
4427 Del Prado Boulevard
Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code

33904

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

ANDREW A BARNETTE

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

ANDREW A BARNETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

(941) 572-0328