

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -2 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002319

1. Corporation Name

LIGHT SO BRIGHT FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O ALLAN M. GLASER  
11900 BISCAYNE BLVD. #807  
MIAMI FL 33181

C/O ALLAN M. GLASER  
11900 BISCAYNE BLVD. #807  
MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1998

5. FEI Number

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
Off.	TIPHANIE WATSON	907 Waterford Place	Atlanta, Ga 30342
Off.	PARNELL DELCHAM	5781 Biscayne Blvd. #803	Miami, FL 33137
Off.	E.J. JUNIOR	1001 NW 78th Terrance	Plantation FL 33322
Off.	DINAH FARRELL	P.O. BOX 371164	Miami FL 33137
	BERNARD BRYANT	847 NW 119th St. #205	Miami, FL 33168
Treas.	TYRONE FLEMING	69 Asylum St.	Newheaven, Conn 06519
Sec.	KAREN DUMAS	600 St Clair	Detroit, MI 48214
Pres.	Eric Powell	P.O. BOX 6696	East Lansing, MI 48826

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASER, ALLAN  
11900 BISCAYNE BOULEVARD  
SUITE 80  
MIAMI FL 33181

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Eric Powell*

Date 11/1/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dinah Farrell*

11/1/99

Date

Daytime Phone #

KE