

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N98000002319**

1. Corporation Name
LIGHT SO BRIGHT FOUNDATION, INC.

Principal Place of Business C/O ALLAN M. GLASER 11900 BISCAYNE BLVD. #807 MIAMI FL 33181	Mailing Address C/O ALLAN M. GLASER 11900 BISCAYNE BLVD. #807 MIAMI FL 33181
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **04/22/1998**

5. FEI Number **APPLIED-FOR** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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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
D	WATSON, TIPHANIE	907 WATERFORD PLACE	ATLANTA GA 30342
D	DELCHAM, PARNELL	5781 BISCAYNE BLVD., #803	MIAMI FL 33137
D	JUNIOR, E.J.	1001 NW 78TH TERRANCE	PLANTATION FL 33322
D	FARRELL, DINAH	P.O. BOX 371164	MIAMI FL 33137
D	BRYANT, BERNARD	847 NW 119TH ST. #205	MIAMI FL 33168
T	FLEMING, TYRONE	69 ASYLUM ST.	NEWHAVEN CT 06519

8. Name and Address of Current Registered Agent

GLASER, ALLAN
 11900 BISCAYNE BOULEVARD
 SUITE 80
 MIAMI FL 33181

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. **988883496839-7**
 City **MIAMI** State **FL** Zip **33137**

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 *[Signature]* **SIGNATURE REQUIRED** Date **10/27/00**
 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)(l), 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.

KE

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** Date **10/27/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)