


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

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

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
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

9. Name and Address of New Registered Agent

GLASER, ALLAN
11900 BISCAYNE BOULEVARD
SUITE 80
MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

980003496839-7

-12/12/00--01040--030

****236.25 Date ****236.25

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/00

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.

KE

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00

Date

Daytime Phone #