|  | <b>03 UNIFORM BUS</b>  |  | (  |  |
|--|--|--|--|--|
| DOC<br>1. Entity i   | UMENT# PO1000  | 023657   |  | FILED  |
| BI   | RIGHT SUN ENTE   | ERPRISES, C  | CORP.  | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS   |
| Principal I  | Tace of Business   | Malling Address  |  | 03 NOV /8_AM 8: 00   |
| 106  | 36 NW 43 ST  | =  | W 43ST   |  |
|  | NRISE, FL 33351  | · ·  |  | REINSTATEMENT 03   |
| . Principi   | al Place of Business   | 3. Malling Address   |  | 30002479545<br>11/18/03-01020002 **150.00  |
| Suite, A   | pt. €, otc.  | Suite, Apt. #, etc.  | <u>{</u>   | DO NOT WRITE IN THIS SPACE MG  |
| City & S   | iato   | City & State   |  | 4. FEI Number 94-3390217 Applied For Alel Applied  |
| Zip  | Country  | Zlp  | Country  | 5. Certificate of Status Desired \$8.75 Additional Fee Regulred  |
|  | 6. Name and Address of Current   |  | Name   | 7. Name and Address of New Registered Agent  |
| MORE, DARCI ROBERTO.   |  |  | iss (P.O. Box Number is Not Acceptable)  |  |
| 10   | 7636 NW 435T   |  |  | (1.5. SON HORIZON IS NOT ACCOPIBION)   |
| 5  | UNRISE, FL 333   | 351  | City   | FL Zip Code  |
| T  | o narrood antity submits this statement for  | · · · · · · · · · · · · · · · · · · ·                        |  | FL   '   |
| THE PROV   | - THE COUNTY OF STATE OF THE STATE OF  | the purpose of changing                                      | its registered office or real:   | Slored agent, or both, in the State of Florida   |
| •  |  | the purpose of changing                                      | its registered office or regis   | stored agent, or both, in the State of Florida.  |
| THO BUON   |  |  | its registered office or regis   | 2003 (11/11 ~  |
| GNATURE This corp  | Symbol pland or pland name or motored agent as coration is eligible to satisfy its Intangible  | nd the il applicable. (NA                                    | OTE: Registered Agent signature req.   | ≈ 12 14 '2003<br>And when reinstating) DATE  |
| SNATURE This corp  | Carehus, frond or planed named in registrated agent as   | nd the # applicable. (I'v.                                   | DTE: Registered Agent signature requ   | Ared when reinstating)  DATE  10. Election Campaign Financing\$5.00 May Be   |
| SNATURE This corp  | Symbol a plant anneal registred egent a coration is eligible to satisfy its intangible requirement and elects to do so, with on book)  OFFICERS AND D  | Make Check Pays  | OTE Registered Agent styreture req.  | Ared when reinstating)  DATE  10. Election Campaign Financing\$5.00 May Be   |
| SNATURE This corp  | Symbol and a plant name or registered agent as coration is eligible to satisfy its intangible requirement and elects to do so.  OHPICERS AND D  PSD  | MAKE CHOCK PAYE  | OTE Registered Agent styreture requirements of Styre 12.   | A 11 14 2003  Religious DATE  10. Election Campaign Financing Trust Fund Contribution.   Added to Fees                             |
| This corp<br>Tax filing<br>(Soo crite  | Symbol or plant name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHPICERS AND D  PSD  MORE, DARCI ROBER  | Maki Check Pays    Delote                                    | OTE Registered Agent signature req.  VIII FEE 13 \$130.00 4  001 For will be \$550.0  ble to Department of S   | Trust Fund Contribution.  DATE  10. Election Campaign Financing Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |
| This corp<br>Tax filing<br>(Soo crite  | Symbol or plant name or registered agent as coration is aligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER, 10636 NW 43 ST SUNRISE, FL 3335  VPT D                                    | Make Check Payr  Delote                                      | OTE: Registered Agent signature required from will be \$550.00 for the partment of \$200.00 for the partment of \$200 | Trust Fund Contribution.  DATE  10. Election Campaign Financing Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |
| SNATURE This corp  | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI                 | Make Check Payr  Delote                                      | OTE Requeered Agent signature requirement of ST 12.  ITHE HAME STREET ADDRESS CITY-ST-ZIP  TITLE HAME HAME STREET ADDRESS CITY-ST-ZIP  | DATE  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition |
| This corp<br>Tax bling<br>(See crite<br>ET ADURESS<br>SI-ZIP                         | Symbol or plant name or registered agent as coration is aligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER, 10636 NW 43 ST SUNRISE, FL 3335  VPT D                                    | Make Check Payr  Delote                                      | OTE: Registered Agent signature required from will be \$550.00 for the partment of \$200.00 for the partment of \$200 | DATE  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition |
| GNATURE This corp Tax filing (See crite  ET ADDRESS S1-ZIP                           | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | Make Check Payr  Delote                                      | OTE: Registered Agent signature required from will be \$550.00  OO 1 Fob will be \$550.0  ble to Department of S  12.  TITLE  HAME  STREET ADDRESS  CITY-ST-DP  TITLE  HAME  STREET ADDRESS  CITY-ST-DP  TITLE   | DATE  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition |
| This corp<br>Tax filing<br>(See crite<br>ET ADDRESS<br>ST-ZIP                        | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | Make Check Pays    Delete                                    | OTE: Registered Agent signature required for the property of t   | DATE    10. Election Campaign Financing   \$5.00 May Be   Added to Fees  |
| This corp<br>Tax filing<br>(See crite<br>ET ADURESS<br>ST-ZIP<br>T ADURESS<br>ST-ZIP | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | Make Check Pays    Delete                                    | OTE: Registered Agent styrebra req.  VIII FED 131 \$ 130.00  VIII FED 133 \$ 130.00  OO 1 Fob will be \$550.0  ble to Department of S  12.  TITLE  HAME  STREET ADDRESS  CITY-ST-DP  TITLE  NAME  STREET ADDRESS  CITY-ST-DP  TITLE  NAME  NAME  | ## 14 2003    DATE   |
| This corp<br>Tax filing<br>(See crite<br>ET ADDRESS<br>ST-ZIP                        | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | Maki Check Payr  Delete    Delete   Delete   Delete   Delete | OTE: Registered Agent signature required for the control of S \$130.00 or 100.00 or 100  | ## 14 2003    DATE   |
| This corp<br>Tax filing<br>(See crite<br>ET ADDRESS<br>S1-ZIP<br>T ADDRESS<br>S1-ZIP | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | Maki Check Payr  Delete    Delete   Delete   Delete   Delete | OTE: Registered Agent algreiture register in the street adoress city-st-dp  Title NAME  STREET ADORESS  CITY-ST-DP  TITLE  NAME  STREET ADORESS  CITY-ST-DP  TITLE  NAME  STREET ADORESS  CITY-ST-DP  TITLE  NAME  STREET ADORESS  CITY-ST-DP  TITLE  NAME  STREET ADORESS  CITY-ST-DP  TITLE  NAME  STREET ADORESS  CITY-ST-DP  | ## 14 2003    Political State  |
| This corp<br>Tax filing<br>(See crite<br>ET ADDRESS<br>S1-ZIP<br>T ADDRESS<br>S1-ZIP | Symbol or pland name or registered agent as coration is eligible to satisfy its Intangible requirement and elects to do so.  OHEICERS AND D  PSD  MORE, DARCI ROBER 10636 NW 43 ST SUNRISE, FL 3335  VPT D  FERNANDA FISCHETTI, 10636 NW 43 ST | ING We if applicable. (No.                                   | OTE Registered Agent signature required for the property of th   | ## 14 2003    DATE   |
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x 11/14/2003

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November 11, 2003

Division of Corporations P. O. BOX 1500 Tallahassee, FL 32302

RE: Bright Sun Enterprises, Corp.

Dear Sir/ Madam:

As instructed by one of the division's agent, I am sending this letter to explain the reason for waiving the late fee. Our office has not received the annual report mailed by your office to renew the corporation mentioned above. Please note our address in your records to confirm that it is correct. We have enclosed a check for \$ 150.00 for the year of 2003.

I kindly ask of you to waive the current penalties pending on the corporation. Should you have any questions regarding the foregoing, please contact the undersigned.

Sincerely,

Roberto More Darci

President

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