

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000027747

1. Corporation Name

BRIGHTCOMM, INC.

2. Principal Office Address

820 N.W. 6TH ST

Suite, Apt. #, etc.

76

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Office Address

P.O. Box # 667988

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number

65-1084216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LEANDRO PONSON

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

4580 N.W. 114TH AV # 1208

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/20/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	LEANDRO PONSON	4580 N.W. 114TH AV # 1208	MIAMI, FL 33178

10. 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] LEANDRO PONSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

3054952270

Daytime Phone #

CR2E081 (01/04)

2 of 2

# BRIGHTCOMM, INC.

Attn:  
Florida Department of State  
Div. Of Corporations

To Whom It May Concern:

Due to a change of address and although We've made a change of address at the local Post Office We could not get the annual report from last year (2003) and send it out to you so that the company would be in an active status within your Department. We were getting ready to send this year's report and We found out that the company is in an inactive status due to this. If You would please, We ask that you waive the fee and accept our check for \$ 300.00 that includes this year's report (2004) and last year's (2003) as well.

We have taken the necessary steps so that We do not loose any mail in the event of moving to a new location and We have open up a P.O. Box for the business and from now on We will be cover when it comes to getting our mail.

Thank you so much for all your help and consideration in regards to this matter.

Our mailing address is:  
P.O. Box # 667988  
Miami, Fl 33166

Best regards,

  
Leandro Rondon  
President