

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065864**

1. Corporation Name

**BRIGHT DISCOVERIES FOR EARLY LEARNING, INC.**

Principal Place of Business

Mailing Address

**4235 18TH WAY N.E.  
ST. PETERSBURG FL 33703**

**4235 18TH WAY N.E.  
ST. PETERSBURG FL 33703**



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

2. New Principal Office Address, If Applicable

**1857 Curlew Road**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1857 Curlew Road**  
Suite, Apt. #, etc.

City & State

**Palm Harbor FL**

City & State

**Palm Harbor FL**

Zip

**34684**

Country

**USA**

Zip

**33703**

Country

**USA**

**REINSTATEMENT**

**03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/13/2002**

5. FEI Number

**01-0722016**

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
D	DECOSMO, OSEANNA	4235 18TH WAY N.E.	ST. PETERSBURG FL 33703
D	LEMUS, MARCIAL JR.	4797 14TH STREET N.E.	ST. PETERSBURG FL 33703

**500024099645**  
**10/27/03--01004--007 \*\*150.00**

8. Name and Address of Current Registered Agent

**DIAZ, JOSEPH L  
2522 WEST KENNEDY BOULEVARD  
TAMPA FL 33609**

9. Name and Address of New Registered Agent

Name

**Oseanna Delosmo / Bright Discoveries**

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

**1857 Curlew Rd**

Suite, Apt. #, Etc.

City

**Palm Harbor**

State

**FL**

Zip Code

**34684**

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**Oseanna Delosmo**

REGISTERED AGENT MUST SIGN

Date

**10/20/03**

1. 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.

**Manual Lemus V.**

SIGNATURE:

**Oseanna Delosmo P. T**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/20/03 (727) 786-8311**

Daytime Phone #

CR2E040 (03)

To: Fla. Department of State  
From: Bright Discoveries Inc. Oseanna DeCosmo

In Oct. we were sent our application for reinstatement. However, the forms were mailed to the wrong address as shown on the attached forms. Thank you, in advance for understanding and waiving our reinstatement fee. Due to the fact we received our form late, we were advise to enclose the payment of \$150.00.

Thank You,

Oseanna DeCosmo