

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JAN 13 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011650

1. Corporation Name

Brighter Horizons Inc.

2. Principal Office Address - No P.O. Box #

2287 NW 72 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 848185

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Pembroke Pines, FL

Zip

330241

Country

USA

Zip

33084

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/2003

5. FEI Number

41-2086230

☐ 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

Catherine Vega

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

2287 NW 72 Terrace

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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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

Catherine Vega

REGISTERED AGENT MUST SIGN

Date

1/9/12

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
<u>President</u>	<u>Catherine Vega</u>	<u>2287 NW 72 nd Terrace</u>	<u>Hollywood / FL / 33024</u>

10. E-mail Address:

ctvega@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Catherine Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/12
Date

954-983-9306
Daytime Phone #