

09/15/2008 MON 12:35 FAX

001/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 SEP 18 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132962

1. Corporation Name

BRIGHT FINANCIAL, INC.

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

2500-1 N State Road 7

Suite, Apt. #, etc.

3. Mailing Office Address

2500-1 N State Road 7

Suite, Apt. #, etc.

City &amp; State

Hollywood, FL

Zip

33021

Country

City &amp; State

Hollywood, FL

Zip

33021

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/2003

5. FEI Number  
90-0123543Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Alex Sorsher

Street Address (P.O. Box Number is Not Acceptable)  
2500-1 N State Road 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 9/15/08

REGISTERED AGENT MUST SIGN

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
P	Koval, Elena	2500-1 N State Road 7	Hollywood, FL 33021

REINSTATEMENT 07-08 KS

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-15-08

Daytime Phone #

KS