## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000133852

Name:

Address:

City-St-Zip:

Entity Name: BRIGHT BUSINESS SOLUTIONS, INC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	T COLONIAL DR			1507 SOUTH HIAWASSEE RD			
STE 105 ORLANDO	FL 32826 US			STE 113 ORLANDO	, FL 32835	US	
Current Mailing Address:				New Mailing Address:			
13781 ESST COLONIAL DR				1507 SOUTH HIAWASSEE RD			
STE 105 ORLANDO	, FL 32826 US		STE 113 ORLANDO, FL 32835 US				
FEI Number:	20-5761318	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LARSON, CAROLINE 8818 COMMODITY CIRCLE SUITE #40 ORLANDO, FL 32819 US				SAFETY BUSINESS LLC 6220 S ORANGE BLOSSOM TRAIL SUITE 603 ORLANDO, FL 32809 US			
The above in the State		submits this statement for the pu	ırpose o	f changing it	s registered	d office or registered agent, or both,	
SIGNATURE: CRISTINA RIVERA				04/29/2009			
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive t	he prior notice	е.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) SEGUNDO, ED 1049 CHAMBO ORLANDO, FL	ARD COURT		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		(X) Change ()Addition ONARDO TON VIEW LN FL 32835 US	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	NOBREGA D 2349 LAKE I	( ) Change (X) Addition DE OLIVEIRA, ALVARO AUGUSTO DEBRA DR 616 FL 32835 US	
Title:	( )	Delete		Title:	DS	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALVARO OLIVEIRA DT 04/29/2009

BARBOSA, PRISCILLA M

ORLANDO, FL 32835 US

2349 LAKÉ DEBRA DR 616