## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000104242

City-St-Zip:

City-St-Zip:

Title:

Name: Address: MAYFIELD HEIGHTS, OH 44124

BRIETSTEIN, BARBARA

5922 NW 83 TERRACE

PARKLAND, FL 33067

(X) Delete

Entity Name: BRIGHT START MOVERS, INC.

FILED Oct 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5500 NW 15TH STREET 280 S MILITARY TRAIL SUITE M-9 DEERFIELD BEACH, FL 33442 MARGATE, FL 33063 **New Mailing Address: Current Mailing Address:** 5500 NW 15TH STREET 280 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 SUITE M-9 MARGATE, FL 33063 FEI Number: 30-0442752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTH, HEIDI M ESQUIRE 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: HEIDI ROTH Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HALPERT, RON Name: Name: 501 EAGLE TRACE Address: Address: City-St-Zip: MAYFIELD HEIGHTS, OH 44124 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition BRIETSTEIN, JARET Name: Name: 5922 NW 83 TERRACE Address: Address: PARKLAND, FL 33067 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete S/T HALPERT, INGRID BRIETSTEIN, BARBARA Name: Name: 6478 LONGRIDGE ROAD 5922 NW 83RD TERRACE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PARKLAND, FL 33067 US

() Change () Addition

SIGNATURE: JARET BRIETSTEIN VP 10/23/2008