

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000124118

FILED
Oct 28, 2009
Secretary of State

Entity Name: BRIGHT STARS CHILD DEVELOPMENT CENTER INC

Current Principal Place of Business:

2000 N MERIDIAN ROAD
#168
TALLAHASSEE, FL 32303

New Principal Place of Business:

2425 SPOONWOOD DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

P O BOX 180128
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 51-0659350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN-HUMES, LUISA PRESIDE
2000 N MERIDIAN ROAD
#168
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MARTIN-HUMES, LUISA PRESIDE
9157 OLD CHEMONIE ROAD
TALLAHASSEE, FL 32309 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: LUISA MARTIN-HUMES

10/28/2009

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:

Title: PD () Delete
Name: MARTIN-HUMES, LUISA
Address: 2000 N MERIDIAN ROAD #168
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: MARTIN, CANDICE
Address: 9725 SOUTHWEST 138TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: HUMES, CRAIG
Address: 2000 N MERIDIAN ROAD #168
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN-HUMES, LUISA
Address: 9157 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUMES, CRAIG
Address: 9157 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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.

SIGNATURE: DR. LUISA MARTIN-HUMES

PRES

10/28/2009

Electronic Signature of Signing Officer or Director

Date