

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 JUN 25 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030237

1. Corporation Name
BRIGHT IDEAS ADVERTISING GROUP, INC.

Mailing Address: ~~1418 SW 10 ST~~
FT LAUDERDALE FL 33301

Principal Place of Business: ~~1418 SW 10 ST~~
FT LAUDERDALE FL 33301

500002225295--6
-06/27/97--01108--003
***1253.75 ***1253.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable: **108 S.E. 8TH AVENUE**
Suite, Apt. #, etc.

3. New Principal Office Address, If Applicable: **108 S.E. 8TH AVENUE**
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida: **04/26/1993**

5. FEI Number: **65-0407026**
Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SASS, ANDREA L	1418 SW 10 ST	FT LAUDERDALE FL 33301
		108 S.E. 8TH AVE.	FT. LAUDERDALE, FL 33301

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8. Name and Address of Current Registered Agent: **SASS, ANDREA L**
~~1418 SW 10 ST~~
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent:
Name: _____
Street Address (P.O. Box Number is Not Acceptable): **108 S.E. 8TH AVE**
Suite, Apt. #, Etc.: _____
City: **FT. LAUDERDALE** State: **FL** Zip Code: **33301**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Andrea L. Sass (REGISTERED AGENT MUST SIGN) Date: June 24, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Andrea L. Sass - ANDREA L. SASS 6/24/97 (954) 763-5777

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