


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		<p>APPROVED AND FILED</p> <p>1997 JUN 25 PM 1:03</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>500002225295--6 -06/27/97--01108--003 ***1253.75 ***1253.75</p>																																	
<p>DOCUMENT # P93000030237</p> <p>1. Corporation Name BRIGHT IDEAS ADVERTISING GROUP, INC.</p>				<p>DO NOT WRITE IN THIS SPACE</p>																																	
<p>Mailing Address 1418 SW 10 ST FT LAUDERDALE FL 33301</p>		<p>Principal Place of Business 1418 SW 10 ST FT LAUDERDALE FL 33301</p>																																			
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																					
<p>2. New Mailing Address, If Applicable 108 S.E. 8TH AVENUE Suite, Apt. #, etc.</p>		<p>3. New Principal Office Address, If Applicable 108 S.E. 8TH AVENUE Suite, Apt. #, etc.</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 04/26/1993</p>																																	
<p>City & State FT. LAUDERDALE, FL Zip 33301 Country</p>		<p>City & State FT. LAUDERDALE, FL Zip 33301 Country</p>		<p>5. FEI Number 65-0407026 Applied For Not Applicable</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 35%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>SASS, ANDREA L</td> <td>1418 SW 10 ST</td> <td>FT LAUDERDALE FL 33301</td> </tr> <tr> <td></td> <td></td> <td>108 S.E. 8TH AVE.</td> <td>FT. LAUDERDALE, FL 33301</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				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																					<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
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		108 S.E. 8TH AVE.	FT. LAUDERDALE, FL 33301																																		
<p>8. Name and Address of Current Registered Agent</p> <p>SASS, ANDREA L 1418 SW 10 ST FT LAUDERDALE FL 33301</p>			<p>9. Name and Address of New Registered Agent</p> <p>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</p>																																		
<p>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.</p> <p>Signature of Registered Agent <u>Andrea L. Sass</u> <u>Andrea L. Sass</u> Date <u>June 24, 1997</u> REGISTERED AGENT MUST SIGN </p>																																					
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																					
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																					
<p>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.</p> <p>SIGNATURE: <u>Andrea L. Sass</u> - ANDREA L. SASS <u>6/24/97</u> (954) 763-5777</p>																																					

CR2040 (6-94)