2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						
DOCUMENT # P96000091389				FILED		
1. Entity Name BRIGHT STAR CARRIERS INC.				08 FEB 14 AM11: 44		
Principal Place of Business Mailing Address .				SECRETARY OF STATE FALLAHASSEE, FLORIDA		
150 KOKOMO RD P.O.BOX 1477				IALEARASSEE, I COMBA		אטואט
LAKE HAMILTON, FL 33851 HAINES, FL 33845						
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.			01112008 RE	EIN-P CR2E0	98 (1/07)
City & State City & State				4. FEI Number		Applied For
Zip Country	Zin	Zip Country		59-3410014		Not Applicable
Zip Country	210	Country		5. Certificate of Star	tificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
PEARCE PATTY			Name icim	KIM WALTEN		
150 KOKOMO RD			Street Address (P.O. Box Number is Not Acceptable)			
W LAKE HAMILTON, FL 33851			130 10000000000			
		-	City LANCE	HAMILTON	FL	Zip Code
8. The above named entity submits this stateme	nt for the purpose of changing its	s registered			· —	amiliar with, and accept
the obligations of registered agent.						
SIGNATURE A MATERIAL SIGNATURE						
Separative, typed of formled name of Tegeshood agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN 11
THE V	☐ Deleie	TITLE				☐ Change ☐ Addition
l '	MULLEN, KIMBERLY SS 56 S KDMORE RD.		ADDRESS	900116456799 01/30/0801033003 **150.00		
CHY-ST-ZIP WINTER HAVEN, FL 33884				01/30/0801033003 **150.00		
IIILE P	☐ Delete	TITLE				Change Addition
NAME PEARCE, KEVIN STREET ADDRESS 616 GOOD SPRINGS RD.			ADDRESS	900116456799 02/20/0801008002 **150.00		
CITY-ST-ZIP BRENTWOODTY, TN 37027		CITY-ST-		02/28/0801808002 **150.00		
TITLE ST	Delete TITLE			,, ,, ,,	4 4 4 4	-Change ☐ Addition
NAME PEARCE, PATTY	PEARCE, PATTY NAME			02/20/0901000002 ##0 75		
STREET ADDRESS 273 RUBY LAKE LANE CITY-SI-ZIP WINTER HAVEN, FL 33884				000 000 000 000 mm0, 10		
IIILE	Delete	TITLE -				Change Addition
NAME '		NAME				
STREET ADDRESS CITY-SI-ZIP		STREET A				
TITLE	☐ Delete	TITLE				☐ Change ☐ Addition
NAME		NAME	[ariaiotat		ラーカダK5
STREET ADDRESS CITY-ST-ZIP		STREET A	ADORESS	reinsta	I EIAIEIA I 🗖	(00
TITLE	☐ Delete	TITLE				☐ Change ☐ Addition
NAME	· Delete	NAME				□ Ondage □ AuditiOff
STREET ADDRESS CITY-ST-ZIP		STREET A				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statuton I further continue that the information information in the information in t						
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if						
changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						