

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 18 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05



DOCUMENT # P98000078648

1. Entity Name
BRIGHT BEGINNINGS OF SARASOTA, INC.



Principal Place of Business
3560 BEE RIDGE RD
SARASOTA, FL 34239

Mailing Address
3560 BEE RIDGE RD
SARASOTA, FL 34239

2. Principal Place of Business
Suite, Apt., etc.

3. Mailing Address
5306 Brookmeade Drive
Sarasota, FL
City & State
34232

City & State
34232

Zip Country
Zip Country USA

0072005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0869903

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID, MCCOY
3560 BEE RIDGE RD
SARASOTA, FL 34239

7. Name and Address of New Registered Agent
Name Elizabeth Sloan
Street Address (P.O. Box Number is Not Acceptable)
5306 Brookmeade Drive
City Sarasota, FL Zip Code 34232

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elizabeth Sloan DATE 10/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STAHLSCMIDT, BARBARA J 2709 ESPANOLA AVE SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060697226 10/18/05--01012--009 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH, SLOAN 5306 BROOKMEADE DR SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060697226 10/18/05--01012--010 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY, THORNHILL 3010 E FOREST LAKE DR SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Sloan (Elizabeth Sloan) DATE 10/10/05 DAYTIME PHONE # (941) 921-6722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR