PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FOR Secretary of State FILED DIVISION OF CORPORATIONS REINSTATEMENT DIVISION OF CORPORATIONS 588696 DOCUMENT # 99 OCT 11 PH 4: 42 1. Corporation Name Bright Now, Inc. Principal Place of Business Mailing Address REINSTATEMENT 98-99 260 **★**2nd Ave P.O.Box 76248 Tampu, FL 33605 Tampa, FL 33675-1248 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 2601 2nd Ave Suite, Apt. #, etc P.O.Box 76248 Suite, Apt. #, etc. 1991 10/22/91 5. FEI Number Applied For City & State City & State <u>59-3107864</u> Not Applicable Tampa Tampa, FL \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED USA 33675-1248 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) City / State / Zip 2601 2nd Ave Tampa, FL 33605 Pres John V. Whitman, Jr Secy Jackson L. Morris 2601 2nd Ave Tampa, FL33605 -10/55/33--01110--006 8000003055938---****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Jackson L. Morris, Esqueet Address (P.O. Box Number is Not Acceptable) Kenneth W. McCleave 9401 Oak St. 3116 North Riverview, FL 33569 State Zip Code Tampa 33609 10. I, being appointed the perstered agent of the apple named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN This corporation owes the current year (See other side for information on intangible tax.) Yes 🔽 No 🗀 Intaggible Personal Property Tax due June 30. 12. 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 filling this reinstatement application, the resistant and the resistant of the corporation have been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is to and accurate, and my signature shall have the same legal effect as if made under oath. ohn V. Whitman, Jr. SIGNATURE: 813-248-0100 Daytime Phone # PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR