

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

583.75

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 31 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # VDS467

1. Corporation Name

Bright Uistas

Principal Place of Business

Mailing Address

1606 E. Fletcher Ave #101
Tampa, FL 33613

(Same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

1606 E. Fletcher Ave
Suite, Apt. #, etc.

1606 E. Fletcher Ave
Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

County

33613

Hillsborough

33613

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3175 Additional Fee (Add'l)
(And Certificate of Status)

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Martha Clocca	1606 E. Fletcher Ave #101	Tampa, FL 33613
VP	Jim Clocca	" "	" "

300002058489-9
-01/08/97-01049-010
*****583.50 *****583.50

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mallen Isaak
324 N. Dale Mabry Ave
Suite 100
Tampa FL 33609

Name Tracy Kerr
Street Address (P.O. Box Number is Not Acceptable)
1606 E. Fletcher Ave
Suite, Apt. #, Etc.
#101
City Tampa
State FL Zip Code 33612

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

REGISTERED AGENT MUST SIGN

Date 12/5/96

11. 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.)

12. 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 further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martha Clocca 12/5/96

813.949.9459

CR2003 (12-95)