

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC -7 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002203

1. Limited Liability Company's Name

Happy Retail, L.C.

2. Principal Office Address

319 Mountain Drive

Suite, Apt. #, etc.

3. Mailing Office Address

319 Mountain Drive

Suite, Apt. #, etc.

4. State/Country of Formation

Okaloosa County, Florida

5. Date Organized or Qualified
To Do Business in Florida

04/19/99

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32541

Country

U.S.A.

Zip

32541

Country

U.S.A.

6. FEI Number

59-3570510

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dana C. Matthews, Esq.

300004724803 --- 1

Street Address (P.O. Box Number is Not Acceptable)

607 Highway 98 East

-12/13/01--01061-010

****150.00 **** 50.00

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/5/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>mgr</u>	<u>Happy Stores, Inc.</u>	<u>319 Mountain Drive</u>	<u>Destin, Florida 32541</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date

12/5/01

Daytime Phone #

(850) 8373662

Typed or printed name of signing
Managing Member/Manager

HAPPY STORES, INC.

CR2E04 (8/00)