

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 2:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000036493

1. Corporation Name
 HAPPY FLOWERS, INC.

Principal Place of Business	Mailing Address
9800 SW 77 AVE MIAMI FL 33156	9800 SW 77 AVE MIAMI FL 33156



REINSTATEMENT 02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	04/11/2001
5. FEI Number	Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a 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	4 City / State / Zip
PT	MATOS, NANCY	14243 SW 166TH TER	MIAMI FL 33177
V	ARGUELLO, ALEX	14243 SW 166TH TER	MIAMI FL 33177
S	MATOS, LUCY	14243 SW 166TH TER	MIAMI FL 33177

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 01/09/03--01049--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATOS, NANCY
 9800 SW 77 AVE
 MIAMI FL 33156

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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. or 617.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 12/30/02

11. 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 filing this reinstatement application, the reason for dissolution has 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 true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/30/02 (305) 271-6364 Daytime Phone #

CR2E040 (8/02)