

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bfz

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

DOCUMENT # **990000037539**

1. Corporation Name

HAPPY FACE ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

**6915 Red Road, Suite 220
 Coral Gables, FL 33143**

**6915 Red Road, Suite 220
 Coral Gables, FL 33143**

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

5. FEI Number

65-0728776

Applied For

Not Applicable

\$A 75 Additional Fee required

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
D	FADEL, FREDDY	6915 Red Road, Suite 220	Coral Gables, FL 33143
D	FADEL, ANTONIO	6915 Red Road, Suite 220	Coral Gables, FL 33143
D	FADEL, SALOMON	6915 Red Road, Suite 220	Coral Gables, FL 33143
D	FADEL, HABIB	6915 Red Road, Suite 220	Coral Gables, FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FADEL, FREDDY
 6915 Red Road, Suite 220
 Coral Gables, FL 33143**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Freddy Fadel

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐ 1998

(See due date for information on intangible tax)

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 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:

Freddy Fadel

FREDDY FADEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98

Date

Daytime Phone #

CR25040-1 981

2012

Happy Face Entertainment, Inc.
c/o Toni H. Alam, C.P.A.
6915 Red Road, Suite 220
Coral Gables, Fl 33143

January 4, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

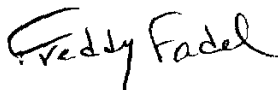
Gentlemen:

As I explained over the phone, we never received the original form. Attached is the reinstatement application, which reflects a new, mailing address.

Under the circumstances, we are asking for an abatement of the late penalty fee. We have taken the necessary steps to avoid any late payments in the future.

We are attaching a check in the amount of \$150.00 to cover the 1998 fees. At this time, we are also requesting an updated (or blank) form to file 1999.

Thank you for your help.



Freddy Fadel
President

Cc: Toni H. Alam, C.P.A.