

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 486391
1. Corporation Name HAPPY LOVE, INC.

REINSTATEMENT 84-04

2. Principal Office Address <u>444 N.W. 28TH STREET</u>		3. Mailing Office Address <u>4445 N.W. 28TH STREET</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>	
Zip <u>33127</u>	Country <u>U.S.A.</u>	Zip <u>33127</u>	Country <u>U.S.A.</u>

400028782764
02/16/04--01013--027 **3101.25

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>591634974</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ALBERTO BENHAIM

Street Address (P.O. Box Number is Not Acceptable) 8125 CRESPI BOULEVARD

Suite, Apt. #, Etc.

City MIAMI BEACH

State FL Zip Code 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/11/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>DR PD</u>	<u>ALBERTO BENHAIM</u>	<u>8125 CRESPI BOULEVARD</u>	<u>MIAMI BEACH, FLORIDA 33141</u>

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Date

305-573-5035

Daytime Phone #

CR2E081 (10/02)