PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

1. Name and Mailing Address of Corporation: DOCUMENT # J37692
Happy Appliques, Inc.
3700 N.W. 124th Avenue, Room 104
Coral Springs, Florida 33065

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

700001459187
-04/18/95--01086--002
***1220.00 ***1220.00

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional [illegible]
4/15/79	13-2982970	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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
Director President	Larey Burker	3700 N.W 127th Ave, Room 104	Coral Springs, Fl 33065

FILED
95 APR 17 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
Larey Burker
3700 N.W. 127th Ave, Room 104
Coral Springs, Fl 33065

9. If changed, new registered agent/office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State FL. Zip

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 Lawrence Burker Date 4/11/95
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., 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 of Officer or Director Lawrence Burker Date 4/11/95 Daytime Phone # 305-344-1442

Typed or printed name of signing officer or director

CR2E040 (5/92)