2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# L07000082853

Entity Name: FOOT HAPPINESS, LLC.

Current Principal Place of Business:

273 EAST LONG CREEK COVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

273 EAST LONG CREEK COVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 26-0699053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORMAN, MARISSA B
273 EAST LONG CREEK COVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARISSA TORMAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: TORMAN, MARISSA B
Address: 273 EAST LONG CREEK COVE
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO ( ) Change (X) Addition
Name: ALLEN, R. DAN
Address: 273 EAST LONG CREEK COVE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARISSA TORMAN CEO 06/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date