

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000000736

1. Corporation Name

HAPPY FACES FOUNDATION, INC

Principal Place of Business

1045 CABO BLANCO AVENUE
ATLANTIC BEACH FL 32233

Mailing Address

PO BOX 330267
ATLANTIC BEACH FL 32233-0267

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
04 MAR -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2000

5. FEI Number

65-0987954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVD	SOLA VELASCO, FERNANDO E	1045 CABO BLANCO AVENUE	ATLANTIC BEACH FL 32233
STD	SOLA, CRISTINA W SOLA, CHRISTINA	1045 CABO BLANCO AVENUE	ATLANTIC BEACH FL 32233
D	AGUERO, Kent	405 N. Hibiscus Drive # 109 MIAMI BEACH, FL 33139	
			900029951179 03/05/04--01036--010 **306.25

8. Name and Address of Current Registered Agent

ADAMS, MICHEALYN
1112 THIRD STREET
SUITE 7
NEPTUNE BEACH FL 32266

9. Name and Address of New Registered Agent

Name

ADAMS, Michealyn

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

1171 Beach Blvd

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

Michealyn C. Adams
REGISTERED AGENT MUST SIGN

Date

1/30/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/04 904-247-1051

Daytime Phone #

CR2040 (7/03)