

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 AUG 27 A 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000003102**

1. Corporation Name

**H.A.P.I.N. INC**

2. Principal Office Address - No P.O. Box #

**13123 SW 243 ST PO BOX 924287**

Suite, Apt. #, etc.

3. Mailing Office Address

**13123 SW 243 ST PO BOX 924287**

Suite, Apt. #, etc.

City & State

**HOMESTEAD, FL PRINCETON, FL**

Zip

**33032**

Country

**U.S.**

City & State

**PRINCETON, FL**

Zip

**33092**

Country

**U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/06/06**

5. FEI Number

**NO6000003102**

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Paulette Pierre**

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

**13123 SW 243 ST**

Suite, Apt. #, Etc.

City

**HOMESTEAD**

State

**FL**

Zip Code

**33032**

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

**Paulette Pierre**

REGISTERED AGENT MUST SIGN

Date **2/06/06**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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
P	PAULETTE PIERRE	13123 SW 243 ST	HOMESTEAD FL 33032
VP	PETIT-HUMME, GERALDSON	1280 AKRIDGE ST APT 2	NORWICH CT 06360
Tres	CORDERO, JANET	17446 SW 296 STREET	HOMESTEAD FL 33030
Tres	JOSEPH DELVA	1090 NW 132 ST	MIAMI FL 33168

**REINSTATEMENT**

**07-09**

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 contained in Chapter 119, 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:

**Paulette Pierre**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/06/06**

Date

**786-346-4849**

Daytime Phone #

**INACTIVE**