

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 23 PM 2:40

DOCUMENT # N99000603178

1. Corporation Name

Happy Angels, Inc.

600062374856  
12/23/05--01040--004 \*\*\*367.50

REINSTATEMENT 00-05

2. Principal Office Address

20816 SW 85 Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33189

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/99

5. FEI Number

65-0929598

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

MYRIAM WYNN

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

20816 SW 85 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33189

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

Date Myriam J Wynn 12/14/05

REGISTERED AGENT MUST SIGN

**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
PRES	MIRIAM CHARLES	8211 SW 205 ST.	MIAMI, FL 33189
V.P.	MARIE LAROSELIE	20536 SW 92 CT	MIAMI, FL 33189
CHAIR	RUDY MARTELLY	8200 SW 210 ST	MIAMI, FL 33189
MGR	ANTOINE CASIMIR	8969 CEDAR GLEN PL	OLVEDO, FL 32765

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:

MCharles

Myriam J. Wynn

Myriam J. Wynn 12/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/05