

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -1 AM 11:22
TALLAHASSEE, FLORIDA

DOCUMENT # PD00000033016

1. Corporation Name

Good Happy Corp
260 Crandon Blvd #14
Key Biscayne FL 33149

2. Principal Office Address

260 Crandon Blvd

Suite, Apt. #, etc.

14

City & State

Key Biscayne FL

Zip

33149

Country

USA

3. Mailing Office Address

260 Crandon Blvd

Suite, Apt. #, etc.

14

City & State

Key Biscayne FL

Zip

33149

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/31/2000

5. FEI Number

65-996783

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

A. Rosemary Sala

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

260 Crandon Blvd

Suite, Apt. #, Etc.

14

City

Key Biscayne FL

State

FL

Zip Code

33149

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

A. Rosemary Sala
REGISTERED AGENT MUST SIGN

Date

3/31/04

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/S/D	A. Rosemary Sala	260 Crandon Blvd #14	Key Biscayne FL 33149

600032645996
04/14/04--01004--008 **\$500.00

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:

A. Rosemary Sala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/04 (305) 361-0105

Daytime Phone #

CR2081 (01/04)

SALA & GOMEZ, P.A.

*Attorneys at Law
260 Crandon Blvd.
Suite 14
Key Biscayne, Florida 33149*

*A. Rosemary Sala
Cesar Gomez*

*Phone (305) 361-0105
Fax (305) 361-0159
Salagomez@Hotmail.com*

March 31, 2004

Department of State
PO Box 6327
Tallahassee, Florida 32314

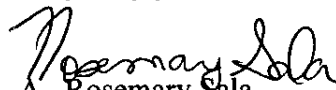
RE: Good Happy Corp.

To Whom It May Concern:

Enclosed herewith are the reinstatement form and check in the amount of \$300.00 for the reinstatement of the corporation. Please be advised that we have reviewed the records for this year and last year and we did not receive the annual report for either 2003 nor 2004.

Please reinstate the corporation as soon as possible. Thank you very much for your cooperation and attention in this matter.

Very truly yours,


A. Rosemary Sala

RECEIVED
04 APR - 1 AM 10:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

Cristina 3/31/04

Sala & Gomez, P.A.

Requestor's Name

260 Crandon Blvd #14

Address

Key Biscayne, FL 33149

City

State

ZIP

Phone

CORPORATION(S) NAME

Good Happy Corp.

PO0000033016

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028