

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P00000077182

1. Corporation Name

Happy Accents

2. Principal Office Address

21706 ALTAMIRA Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

Zip

33433

Country

FLA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-7-00

5. FEI Number

651049409

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

Kathleen Schettini

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

21706 ALTAMIRA Ave

Suite, Apt. #, Etc.

000004880110-4

02/05/02 01037-016

***300.00 ***300.00

City

BOCA RATON

State

FL

Zip Code

33433

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

K [Signature]

Date 12-22-01

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.	Kathleen Schettini	21706 ALTAMIRA Ave	BOCA RATON, FL 33433

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:

K [Signature]

Kathleen Schettini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-06-01

Daytime Phone #

954-978-7607

CR2E081 (9/00)

OCTOBER 31, 2001

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DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: HAPPY ACCENTS, INC. 65-1049409

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR ANNUAL REPORT IN THE MAIL AND, THEREFORE NEVER FILED. WE ARE ENCLOSING A CHECK IN THE AMOUNT OF \$150.00 TO COVER THE ORIGINAL FILING FEE. WE ARE RESPECTFULLY REQUESTING AN ABATEMENT OF ANY PENALTY ASSESSED DUE TO THIS ERROR.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,


KATHY SCHETTINI, PRESIDENT