

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

04 OCT 25 AM 8:00

DOCUMENT # P0100083798

1. Corporation Name

HAPPY PAINTERS, INC.

**REINSTATEMENT** 02-04

2. Principal Office Address  
2115 SW 3rd Ave, 5

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33129

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 08/24/01

5. FEI Number  
65-1132692

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

MRS

**7. Name and Address of Current Registered Agent**

Name  
GILDA CAMERA

300042167813

Street Address (P.O. Box Number is Not Acceptable)  
2115 SW 3rd Ave. 5

10/25/04--01090--011 \*\*1058.75

Suite, Apt. #, Etc.

City  
MIAMI, FL 33129

State  
FL

Zip Code

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

*Gilda Camera*  
REGISTERED AGENT MUST SIGN

Date 05/03/2004

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/VP/T	CAMERA, GILDA	2115 SW 3rd Ave. 5	MIAMI, FL 33129

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:

*Gilda Camera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 20 2003

MAY 03rd, 200 305 281-8618

Date

Daytime Phone #

CR2E081 (01/04)