

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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DOCUMENT # P03000074392

1. Entity Name  
HAPPENINGS MAGAZINE, INC.



04 NOV 17 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4000 TOWERSIDE TERRACE #2410  
MIAMI, FL 33138 PH 10

Mailing Address

4000 TOWERSIDE TERRACE #2410  
MIAMI, FL 33138 PH 10

REINSTATEMENT 04



11012004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

4000 Towerside Terrace

Suite, Apt. #, etc. PH 10

3. Mailing Address

4000 Towerside Terrace

Suite, Apt. #, etc. PH 10

City & State

MIAMI

City & State

MIAMI

4. FEI Number

75-3123733

Applied For

Not Applicable

Zip 33138

Country DADE

Zip 33138

Country Dade

5. Certificate of Status Desired X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARM, STEVEN ESQ  
BOCA CORPORATE CENTER  
2101 CORPORATE BLVD, STE 215  
BOCA RATON, FL 33431

Incorrect!

7. Name and Address of New Registered Agent

Name Bernard M. Seeman

Street Address (P.O. Box Number is Not Acceptable)  
4000 Towerside Terrace

PH 10

City Miami

FL

Zip Code 33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bernard M. Seeman, President*  
Bernard M. Seeman, President

Nov. 12, 2004

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SEEMAN, BERNARD  
STREET ADDRESS 4000 TOWERSIDE TERRACE #2410 PH 10  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME SEEMAN, BERNARD  
STREET ADDRESS 4000 Towerside Terrace - PH 10 (Route #)  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

FILED

HAPPENINGS MAGAZINE, INC. NOV 17 PM 12:36

4000 Towerside Terrace

PH 10

Miami, FL 33138

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

305. 776. 7924

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ladies/Gentlemen:

As per conversation with your office this will advise you that we never received any notifications from your office as to payment of the required filing fee.

I wish to bring to your attention that the mailing address you have for the corporation is incorrect; the suite number should be PH 10 in lieu of #2410.

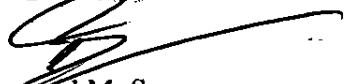
I have made this correction already on the reinstatement form herein.

This is probably the reason why we never received the prior filing fee form.

I am enclosing a check in amount of \$158.75 representing \$150.00 for filing fees and \$8.75 for a certificate of status.

Thank you for your kind attention to this matter.

Very truly yours,

  
Bernard M. Seeman  
President

