


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                      |  |
|--------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|--|

DOCUMENT # P03000106128

1. Corporation Name  
HAPPY HOMES OF HOLLYWOOD AFCH INC.  
3513 POLK ST.  
HOLLYWOOD, FL. 33021 WQS-45686

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><u>3513 POLK ST.</u> |                       | 3. Mailing Office Address<br><u>3513 POLK ST.</u> |                       |
| Suite, Apt. #, etc.                                 |                       | Suite, Apt. #, etc.                               |                       |
| City & State<br><u>HOLLYWOOD, FLORIDA</u>           |                       | City & State<br><u>HOLLYWOOD, FLORIDA</u>         |                       |
| Zip<br><u>33021</u>                                 | Country<br><u>USA</u> | Zip<br><u>33021</u>                               | Country<br><u>USA</u> |

FILED  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
300060210233  
 10/13/05--01048--002 \*\*149.00

300060210233  
 10/04/05--01039--002 \*\*758.75

REINSTATEMENT 04-05  
 CR2E081 (8/05)

|   |   |
|---|---|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><u>9/25/03</u> |   |
| 5. FEI Number<br><u>56-2436183</u>  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>          | \$8.75 Additional Fee required for a Certificate of Status                      |

|  |                    |                          |
|--|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent                            |                    |                          |
| Name<br><u>GREG RUST.</u>  |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>3513 POLK ST.</u> |                    |                          |
| Suite, Apt. #, Etc.  |                    |                          |
| City<br><u>HOLLYWOOD</u>   | State<br><u>FL</u> | Zip Code<br><u>33021</u> |

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 X Jay [Signature] Date 10/3/05

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         |
| <u>PS</u>   | <u>GREG RUST.</u>                 | <u>3513 POLK ST.</u>                           | <u>HOLLYWOOD FL. 33021</u> |
| <u>DP</u>   | <u>MARIE C. ALLEN</u>             | <u>3513 POLK ST.</u>                           | <u>^ ^ ^</u>               |
| <u>D</u>  | <u>LANA F.C. RUST.</u>            | <u>6144 SW 33<sup>RD</sup> ST.</u>             | <u>MIRAMAR FL. 33023</u>   |
|   |                                   |  | <u>[Signature]</u>         |
|   |                                   |  |                            |
|   |                                   |  |                            |

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: Marie Allen [Signature] Date 10-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR