

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Dec 23, 2008 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000119516

1. Corporation Name

Happy Land Learning Center, Inc.

2. Principal Office Address - No P.O. Box #

808 E Okaloosa Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 340005

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

City & State

Tampa, FL

Zip

33694-0005

Country

USA

4. Date Incorporated or Qualified
 To Do Business in Florida

8-17-2004

5. FEI Number

16-1681867

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

Eliud Perez

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

22534 Roderick Drive

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34639

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Eliud Perez

REGISTERED AGENT MUST SIGN

Date 12-16-08

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 | Eliud Perez | 22534 Roderick Drive | Land O Lakes, FL 34639 |
| V | Vilma Perez | 22534 Roderick Drive | Land O Lakes, FL 34639 |
| S | Janet Perez-Spinney | 22534 Roderick Drive | Land O Lakes, FL 34639 |
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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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-08

Date

Daytime Phone #