

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 SEP 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000153046	
1. Entity Name HAPPY PEOPLE OF ORLANDO, INC	

Principal Place of Business 1004 SHERRYWOOD ST CASSELBERRY, FL 32730	Mailing Address 1004 SHERRYWOOD ST CASSELBERRY, FL 32730
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09192005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELSAIED, OMAR 1004 SHERRYWOOD ST CASSELBERRY, FL 32730

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 <i>Omar A. Elsayed</i> DATE <i>9/19/05</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: <i>Omar A. Elsayed, Pres.</i> DATE: <i>9/19/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

9/26/05