2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000110026

FILED Mar 12, 2009 Secretary of State

Entity Name: HAPPY SHOES CORP. **Current Principal Place of Business: New Principal Place of Business:** 6352 SW 8TH ST. 8785 SW 12TH STREET MIAMI, FL 33144 MIAMI, FL 33174 US **Current Mailing Address: New Mailing Address:** 6352 SW 8TH ST. 8785 SW 12TH STREET MIAMI, FL 33144 MIAMI, FL 33174 US FEI Number: 20-5431663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, AIDA 8785 SW 12TH ST. MIAMI, FL 33174 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. SIGNATURE: AIDA GONZALEZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GONZALEZ, AIDA GONZALEZ, AIDA Name: Name: 8785 SW 12TH ST. 8785 SW 12TH STREET Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174 Title: Title: () Delete (X) Change () Addition Name: MALLOL, ADOLFO Name: MALLOL, ADOLFO 8785 SW 12TH ST. 8785 SW 12TH STREET Address: Address: MIAMI, FL 33174 MIAMI, FL 33174 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: FLORES, ERIK Name: 8785 SW 12TH STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33174 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA GONZALEZ D 03/12/2009