


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000155968		
1. Entity Name HAPPY VALLEY ENTERPRISES, INC.		

FILED
07 NOV 28 PM 3: 14
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7760 BOGART DRIVE NORTH FORT MYERS, FL 33917 US	Mailing Address 7760 BOGART DRIVE NORTH FORT MYERS, FL 33917 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1120207	REINSTATEMENT	ST 20098 (1/07) 07
4. FEI Number 20-8022319	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAGEN, MICHAEL S 6385 PRESIDENTIAL COURT SUITE 108 FORT MYERS, FL 33919	
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7. Name and Address of New Registered Agent Name Michael S. Hagen Street Address (P.O. Box Number is Not Acceptable) 6249 Presidential Court, Suite F City Fort Myers FL Zip Code 33919	
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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>Michael Hagen, Registered Agent</i>	DATE 11/20/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, GITA 21528 PORTRUSH RUN ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112646591 11/28/07--01016--018 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WATKINS, JERRY 118 SE 31ST TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>M 11/29</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>[Signature]</i>	DATE 11/20/07 DAYTIME PHONE 239-278-1725