

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300033980283

04/26/04--01013--004 **300.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State, DIVISION OF CORPORATIONS

DOCUMENT # P94000000125

1. Corporation Name

Happy Faces of Dade, Inc.

2. Principal Office Address 10710 Westwood Dr.	3. Mailing Office Address 7765 S.W. 144 Street
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33165

Country
USA

Zip
33158

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0456956

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

Olga L. Puentes

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

7765 S.W. 144 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33158

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

Olga L. Puentes Date 04/19/04
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
PD	Olga L. Puentes	7765 S.W. 144 Street	Miami, FL 33158
VD	Leandro Puentes	7765 S.W. 144 Street	Miami, FL 33158

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:

Olga L. Puentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga Puentes, Pres. 4/19/2004

Date

305-232-6216

Daytime Phone #

CR2001 (01/04)

HAPPY FACES OF DADE, INC.
LEOLGA ENTERPRISES, INC.
7765 S.W. 144th Street
Miami, Florida 33158

April 19, 2004

Florida Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Our insurance agent, while in the process of renewing our policy, has discovered that our corporations were administratively dissolved in 2003.


We are hereby respectfully requesting your waving of penalties as we did not receive your notice of renewal in the year 2003 or we would have promptly done so as we have since 1995.

We moved our home last year and perhaps during the move some of the mail got lost. We just don't know and we assure you it is always our business policy to pay our bills promptly and mostly upon receipt.

We are enclosing the Corporation Reinstatement forms properly filled out as well as a check in the amount of \$300.00 from each corporation to cover the reinstatements.

Your cooperation and understanding in this matter will be greatly appreciated.

Sincerely,


Olga L. Puentes