

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 10 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400Q061549

1. Corporation Name

H-A-P-P-Y PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 470929
LAKE MONROE FL 32747-0929

P.O. BOX 470929
LAKE MONROE FL 32747-0929



REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3269140

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|---|
| P | ATKINSON, JAMES A | 1208 CARDINAL COURT | ALTAMONTE SPRINGS FL 32714 |
| V | OMALLEY, ROBERT | 692 JAMESTOWN BLVD. APT#2245 | ALTAMONTE SPRINGS FL 32714 |
| ST | BALDRIOSI, SANDY Baldorossi | 1711 PERCH LANE | SANFORD FL 32771 |
| | | | 400002319774--8 -10/14/97--01033--003 ****\$15.00 ****\$15.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDRIOSI, SANDY
1711 PERCH LANE
SANFORD FL 32771

Name Baldorossi

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sandy Baldorossi

REGISTERED AGENT MUST SIGN

Date

8/17/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Sandy Baldorossi

Sandy Baldorossi

8/17/97

407/322-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #