

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 AUG 12 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000050059

**1. Corporation Name**

Happy Kids J. Y. Inc.

300007633803--4

-09/10/02--01043--028

\*\*\*\*600.00 \*\*\*\*600.00

**2. Principal Office Address**

24 N Miami Avenue

**3. Mailing Office Address**

24 N Miami Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33128

Country

USA

Zip

33128

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/04/1998

**5. FEI Number**

65-0840975

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

Jae Sik Lee

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

24 N Miami Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33128

**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

*Jae Sik Lee*  
REGISTERED AGENT MUST SIGN

Date

Aug/08/02

**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
D, P	Lee, Jae Sik	474 NE 210 Cir Terrace #104	N Miami Bch, FL 33179
D, VP	Lee, Yong Sook	474 NE 210 Cir Terrace #104	N Miami Bch, FL 33179

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/2002

305-3720206