

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000056810**

1. Corporation Name

HAPPY ROADS INVESTMENT GROUP, INC.

Principal Place of Business
**5045
5044 NW 79TH AVENUE
MIAMI FL 33166**

Mailing Address
**5045
5044 NW 79TH AVENUE
MIAMI FL 33166**

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

2. ~~New~~ Principal Office Address, If Applicable
5045 N.W. 79 Ave
Suite, Apt. #, etc.

3. ~~New~~ Mailing Office Address, If Applicable
5045 N.W. 79 Ave
Suite, Apt. #, etc.

City & State
Miami, Fla.
Zip
33166 Country
USA

City & State
Miami, Fl.
Zip
33166 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1998

5. FEI Number

65-0856106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Addt'l 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	4. City / State / Zip
D	PINO, MARIO	5045 5044 NW 79TH AVENUE	MIAMI FL 33166
P	Pino, Jaime	5045 N.W. 79 Ave.	Miami Fl. 33166
D	Jimenez, Fernando	5045 N.W. 79 Ave.	Miami, Fl. 33166
S	Pino, Ivan	5045 N.W. 79 Ave.	Miami Fl. 33166
<p>REINSTATEMENT 99 1 TS 800003050018--7 11/13/99--01082--005 ***750.00 ****750.00</p>			

8. Name and Address of Current Registered Agent

PINO, MARIO
5045 NW 79TH AVENUE
MIAMI FL 33166

5045 N.W. 79 Ave
Miami, Fl. 33166

9. Name and Address of New Registered Agent

Name
same as before

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Mario V. Pino

REGISTERED AGENT MUST SIGN

Date **Nov, 1, 1999**

11. 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:

Mario V. Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov, 1, 1999 (305) 592-1917

Date Daytime Phone #

CR20240 (8/99)