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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2004 AR		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 16 PM 3:20

DOCUMENT # P9800070913

1. Corporation Name

HAPPY TRIPS, INC

2. Principal Office Address

1034 SW 123RD AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33184

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0861493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300040222053
08/16/04--01071--021 **150.00

7. Name and Address of Current Registered Agent

Name

VALDES AMARILIES M.

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

1034 SW 123RD AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

[Signature]

Date 8/13/04

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	MADRIGAL JESSE	1034 SW 123RD AVE	MIAMI, FL 33184
VD	VALDES AMARILIES M.	1034 SW 123RD AVE	MIAMI, FL 33184

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/04

Date

305-220-8532

Daytime Phone #

CR2E081 (01/04)

2/2

August 13,2004

Division of Corporation
Po Box 6198
Tallahassee,Fl. 32314-6198

Re:HAPPY TRISPS,INC
Id# 65-0861493

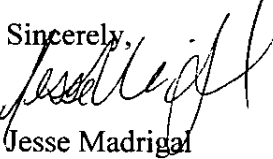
Dear Sirs:

This letter is response to the "Notice of Intent to Dissolve Company".I would like to apologize for not filing on time since I didn't receive the Annual Report Form.For the last year I always filed the forms on a timely basis.

Please find enclosed application and check for the year 2004.

Thank you for all your help,

Sincerely,



Jesse Madrigal
President
Happy Trips,Inc.
1034 SW 123RD Ave
Miami,Fl. 33184-2447

Enclosures.