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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 19 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 98000075198

1. Corporation Name  
HAPPY TOURS INTERNATIONAL INC.

1999-2003  
VIBR

99-03

2. Principal Office Address 273 NE 2nd Street Suite, Apt. #, etc. 300 City & State Miami-FL-33132 Zip 33132 Country U.S		3. Mailing Office Address  Suite, Apt. #, etc.  City & State  Zip  Country	
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4. Date Incorporated or Qualified To Do Business in Florida 08/27/1998	
5. FEI Number 65-0860419	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name  
Nivaldo TAVARES

Street Address (P.O. Box Number is Not Acceptable)  
273 NE 2nd ST

Suite, Apt. #, Etc.  
300

City  
Miami

State  
FL

Zip Code  
33132

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 Nivaldo TAVARES - Nivaldo TAVARES  
REGISTERED AGENT MUST SIGN

Date MAR. 03. 2003

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
P	Nivaldo TAVARES	273 NE 2nd ST #300	Miami-FL-33132
V	Andrew Demello	912 Milan Ave	Coral Gables-FL-33134
S	Paula Demello	912 Milan Ave	Coral Gables-FL-33134

508813542835  
08/05/03--01031--011 \*\*750.00

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: Nivaldo TAVARES - MAR. 03 2003 (305) 379 5400

DATE: MAR. 03 2003 DAYTIME PHONE # (305) 379 5400

CR20031 (10/02)

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**Happy Tours International Inc.**

273 NE 2nd Street #300  
Miami, Fl., 33132  
(305)379-5400

March 03, 2003

RE: Corporation reinstatement and request for penalty waiver

CERTIFIED MAIL

Department of State  
Division of Corporations  
Tallahassee, FL 32314

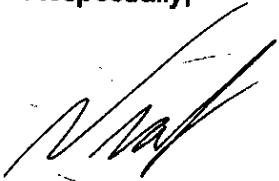
Dear Sir/Madam,

I am sending this letter to kindly request a waiver for the penalties imposed for reinstating the above-mentioned corporation dissolved since 1999.

We never received information back from the Division of Corporations since our last submission in late 1999, at which time we were also relocating our office. We are still located in the same building, however, in a different suite number. Since our principal address, mailing address and registered agent's address are all the same; we never received any notices after we moved in July of 1999. Our old suite number was 105 and since late 1999 has been 300. I am sending a copy of our old occupational license as proof, for your verification.

I ask that you give special consideration to our request and understand that we are a very small business operation, and that such a large penalty will significantly affect our finances.

Respectfully,



Nivaldo Tavares