

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000091390

1. Corporation Name

HAPPY, JOYOUS & FREE COMPANY

Principal Place of Business

Mailing Address

8980 CR 13 NORTH
ST. AUGUSTINE FL 32092

8980 CR 13 NORTH
ST. AUGUSTINE FL 32092



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

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3593211

Applied For

☒ Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PRIANO, TIMOTHY A	8980 CR 13 NORTH	ST. AUGUSTINE FL 32092

100024633871

11/13/03--01025--021 **\$50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRIANO, TIMOTHY A
8980 CR 13 NORTH
SAINT AUGUSTINE FL 32092

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

11-6-03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-03

Date

11-6-03
FL 904-9409656
Daytime Phone #
cell 904-608-3526

CR2ED40 (7/03)