

APPLICATION
FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Handwritten initials

00 OCT 23 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106552

1. Corporation Name

DIVORCE HAPPENS (MAGAZINE), INC.

Principal Place of Business

Mailing Address

C/O 782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126

C/O 782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126

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

12/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1031751

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P.D.V.P. S.T.	KASSIN, DONNA	C/O 782 N.W. LE JEUNE ROAD SUITE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCELO-ROBAINA, MAGDA
782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126

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.

Signature of
Registered Agent

Handwritten signature of Marcelo Robaina
REGISTERED AGENT MUST SIGN

Date

10/19/00

11. I certify that I am an officer or director of 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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/00 (305) 382-4845

DIVORCE HAPPENS (MAGAZINE), INC.

782 N.W. LE JEUNE ROAD
SUITE 548 LE JEUNE CENTER
MIAMI, FLORIDA 33126

TELEPHONE: (305) 447-1160
FACSIMILE: (305) 447-1194

October 19, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report

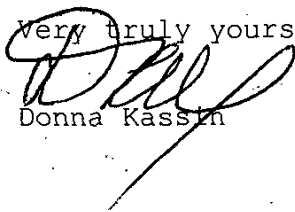
To Whom It May Concern:

On October 18th I received a Notice of Administrative Dissolution even though I had mailed my annual report on April 28, 2000. Apparently the annual report was not processed because I did not have a federal identification number. The \$150.00 payment I made to your division was cashed and as such I was unaware of any problem. Upon calling your division regarding the notice of dissolution I was informed that on June 1, 2000 I was sent a letter requesting my federal identification number, but I never received such a letter. Due to the misunderstanding I was told to complete the application for reinstatement and to mail it without any further payment.

I have completed the application and I am including it with this letter. Please reinstate my corporation as soon as possible.

Thank you for your anticipated cooperation.

Very truly yours,


Donna Kassin

Enclosure