APPLICATION FOR ~~REINSTATEMENT~~

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

APPROVED AND FILED
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1999

5. FEI Number: 65-1031751 ☐ Applied For ☐ Not Applicable

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, D, VP, S, T	KASSIN, DONNA	C/O 782 N.W. LE JEUNE ROAD SUITE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED Magda Robaina Date: 10/19/00
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 REQUIRED 10/19/00 (305) 382-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112608 SP

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 with this letter. Please reinstate my corporation as soon as possible.

Thank you for your anticipated cooperation.

Very truly yours,

Donna Kassin

Enclosure