PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S96333

1. Corporation Name

HAPPY LENDING DEVCO, INC.

Principal Place of Business
7249 NW 36TH CT
MIAMI FL 33147

Mailing Address
7249 NW 36TH CT
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/25/1991

5. FEI Number: 65-0340083 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WOLFE, MELVIN	7249 N.W. 36th Court	MIAMI FL 33147

200002013382--1
-11/26/96--01002--015
*****236.25 *****236.25

REINSTATEMENT 1/96
11-21-96

200002013382--1
-11/26/96--01002--016
*****138.75 *****138.75

8. Name and Address of Current Registered Agent

WOLFE, MELVIN
10651 NORTH KENDALL DRIVE
SUITE 200
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: Melvin Wolfe
Street Address (P.O. Box Number is Not Acceptable): 7249 N.W. 36th Court
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33147

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: X Melvin Wolfe SIGNATURE REQUIRED — Date: 9-24-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: X Melvin Wolfe, Pres — 9-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)