

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 23 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V 04981

1. Corporation Name

HAPPY Pools, INC.

2. Principal Office Address

650 N state rd 7

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip 33021

Country

USA

3. Mailing Office Address

16180 SW 14th St.

Suite, Apt. #, etc.

City & State

Ambrose Pines FL

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65030-5962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor Fermin

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

650 N state rd 7

Suite, Apt. #, Etc.

Apt 1

City

Hollywood

State

FL

Zip Code

33021

000024013880

10/22/03-01049-015 **158.75

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

[Signature]

Date 10/21/03

REGISTERED AGENT MUST SIGN

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 |
|-------------|--------------------------------------|---|-------------------------------|
| <u>Pres</u> | <u>Victor Fermin</u> | <u>16180 SW 14th St.</u> | <u>Ambrose Pines FL 33027</u> |
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

954-983-4826

gr 10/21

CR2ED1 (10/02)

Victor Fermin
Happy Pools, Inc.
650 State Road 7 Apt. 1
Hollywood Florida 33021

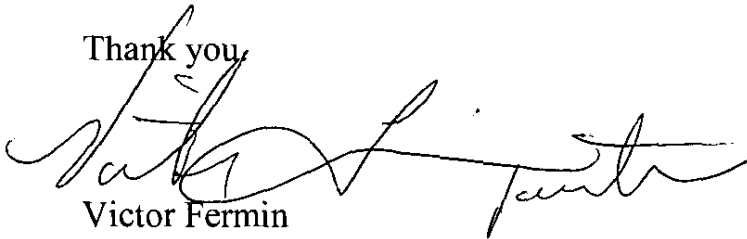
October 21, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl 32399

To Whom It May Concern:

Please waive the processing fee for the reinstatement of Happy Pools, Inc. Corporation; the previous uniform business report was not received. The new address is included in the new filling report. I have enclosed the corporation reinstatement form, a check for \$150.00 for the uniform report, & \$8.75 for the Certificate of Status. If you have any questions please feel free to contact me at 954-983-4826.

Thank you,

A handwritten signature in black ink, appearing to read 'Victor Fermin', is written over the printed name and title.

Victor Fermin
President