

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 1:48

DOCUMENT # **G27006**

1. Corporation Name

HYPERION, INC.

2. Principal Office Address

14100 SW 135 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

14100 SW 36th Street

Suite, Apt. #, etc.

c/o MaryAnn Gleason

City & State

Miami, FL

Zip

33186

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

03/8/83

5. FEI Number

59-2268191

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

Joel Bernstein

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

11900 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 604

City

Miami

State

FL

Zip Code

33181

600004661786--0
-11/01/01--01008--008
***750.00 ***750.00

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

REGISTERED AGENT MUST SIGN

Date **10/11/01**

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
P	Victor Rana	-14100 SW 136th Street	Miami, FL 33186
C/D	Wm. P. Murphy Wm. P. Murphy	14100 SW 136th Street	Miami, FL 33186
D	John Sterner	14100 SW 136th Street	Miami, FL 33186
D	Richard Elias	471 Rovino Avenue	Coral Gables, FL 33156
D	Hannjorg Hereth	Industrial Strasse 24	6301 Zug, Switzerland
D	Daniel Seckinger	5900 SW 73rd Street, #208	South Miami, FL 33143

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL BERNSTEIN

Date

10/16/01

Daytime

305-892-0822

CP2E081 (9/99)

HYPERION, INC.

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	Paul Mayer	6290 Southwest Street, Miami, FL 33156
S	Joel Bernstein	11900 Biscayne Blvd., Suite 604, Miami, FL 33181