PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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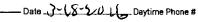
1. Limited Liability Company's Name

HIPPEUS, LLC

[1		
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address			CR2E041 (1/14)		
6633 Forest Avenue		6633 Forest Avenue			4. State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida June 24, 2005 6. FEI Number Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
Suite 302		Suite 302					
City & State		City & State					
New Port Richey, FL		New Port Richey, FL			20-3515044 Not Applied For		Applied For
Zip	Country	Zíp	Country				
34653	USA	34653		JSA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status		
	8. Name and Addi	ress of Current Registe	ered Agent				
Name					_		
Christos J. Pitarys, II							
Street Address (P.O. Box Number is Not Acceptable) Suite, 6633 Forest Avenue							
Apt. #, Etc					600292871048		
Suite 302					600283671046 03/22/1601012027 **1353.75		
City State Zip Code					_		
New Por	t Richey		FL	_ 34653			
9 I, beir	ng appointed the registered agent of the	above named limited lia	bility compan	y, am familiar with and a	accept the obligation	ns of Chapter 605, F.S.	
Signature	of internal	- 0.					
Registered	of Agent <u>/S/ Christos</u>	PECISTERED ACENT	IS, TT			Date	
		REGISTERED AGENT	MOST SIGIN				
10. Name:	s and Street Addresses of Authorized Re	presentatives/Managers					
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip	
М	Christos J. Pitarys, II		6633 Forest Ave., Suite 302		New Port Richey, FL 34653		
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	1008-20	(S					
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11, E-mail	Address: cpitarys@tampaba	y.rr.com			·		
		(To be used for fu	ture annual report notifica	itions)		

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012. F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member



727/992-4684

Typed or printed name of signing authorized representative/member