

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000063055

1. Limited Liability Company's Name

HIPPEUS, LLC

2. Principal Office Address - No P.O. Box #

6633 Forest Avenue

Suite, Apt. #, etc.

Suite 302

City & State

New Port Richey, FL

Zip

34653

Country

USA

3. Mailing Office Address

6633 Forest Avenue

Suite, Apt. #, etc.

Suite 302

City & State

New Port Richey, FL

Zip

34653

Country

USA

8. Name and Address of Current Registered Agent

Name

Christos J. Pitarys, II

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

6633 Forest Avenue

Apt. #, Etc

Suite 302

City

New Port Richey

State

FL

Zip Code

34653

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

/s/ Christos J. Pitarys, II

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
M	Christos J. Pitarys, II	6633 Forest Ave., Suite 302	New Port Richey, FL 34653

11. E-mail Address: cpitarys@tampabay.rr.com

(To be used for future annual report notifications)

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 filing 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

[Signature]

Date 3-18-2016

Daytime Phone #

727/992-4684

Typed or printed name of signing authorized representative/member

FILED
2016 MAR 22 PM 1:48

RECEIVED
TAMPA BAY

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

June 24, 2005

6. FEI Number

20-3515044

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

600283671046

03/22/16--01012--027 **1353.75