FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 MAR -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000059931

1. Limited Liability Company's Name

HYPERION, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1051 BLOOMFIELD AVENUE	1051 BLOOMFIELD AVENUE
Suite, Apt. #, etc.: SUITE 7	Suite, Apt. #, etc.: SUITE 7
City & State: CLIFTON, NJ	City & State: CLIFTON NJ
Zip: 07012 Country: USA	Zip: 07012 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 06/01/2007

6. FEI Number: 26-0385726 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1574 Village Square Blvd,

Suite, Apt. #, Etc.: Suite 100

City: Tallahassee State: FL Zip Code: 32309

E-mail Address:
SUD223537545
03/02/12--01001--005 **5.16.25

DONNAV@VILARDIANDCO.COM
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Ed Jamal Date: 3/1/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL MAILIS	9130 SOUTH DADELAND BLVD #1504	MIAMI, FL 33156

SUD223537545
03/05/12--01004--022 **90.00

REINSTATEMENT

10-12
QE 5-12

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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 Managing Member/Manager: [signature] Date: 2/28/12 Daytime Phone #: 973-594-9911

Typed or printed name of signing Managing Member/Manager: Michael Mailis

Cc220/cv

CORPORATE ACCESS, INC.

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WALK IN

PICK UP: 3/1 Ana

- ☑ CERTIFIED COPY
- ☐ PHOTOCOPY
- ☐ CUS
- ☑ FILING — Reinstatement

FILED
2012 MAR -1 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. HYPERION, LLC
(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

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12 MAR -1 PM 3:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: File 1st.