

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000192702

1. Limited Liability Company's Name

HYPERUP, LLC

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

11073 COUNTRYWAY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

11073 COUNTRYWAY BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33362

Country

USA

Zip

33362

Country

USA

8. Name and Address of Current Registered Agent

Name

OLIVERO LAW, P.A.

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

27544 CASHFORD CIRCLE

Apt. #, Etc.

SUITE 101-B

City

WESLEY CHAPEL

State

FL

Zip Code

33544

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/13/2016**

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
AMBR	HYPERLATOR, INC	11073 COUNTRYWAY BLVD	TAMPA, FL, 33362

11. E-mail Address. **CREEL@OLIVEROLAW.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

10.13.16

Daytime Phone #

813-562-4147

Typed or printed name of signing authorized representative/member

FILED

15 DEC -5 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida **11/9/2015**

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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