


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000074919

1. Corporation Name

Hyper, Inc.

600155017236
05/01/09--01016--006 **600.00

REINSTATEMENT
CR2009 (1208)

2. Principal Office Address - No P.O. Box # c/o 301 W. Hallandale Beach Blvd		3. Mailing Office Address c/o 301 W. Hallandale Beach Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	July 30, 2001
5. FEI Number 90-0021808	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Rozenzwalg, Nadel & Ferrero-Carr, LLP

Street Address (P.O. Box Number is Not Acceptable)
301 W. Hallandale Beach Boulevard

Suite, Apt. #, Etc.

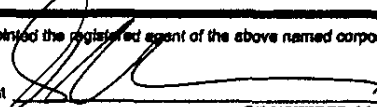
City
Hallandale Beach

State
FL

Zip Code
33009

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent 


Date April 23, 2009

REGISTERED AGENT MUST SIGN

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
PD	Andrea Alberghini	c/o 301 W. Hallandale Beach Blvd.	Hallandale Beach, FL 33009

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 807.0401 or 817.0401, 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 contained in Chapter 118, 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:  ANDREA ALBERGHINI 04/23/09