PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV -7 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000079919

1. Corporation Name

HYPER INC.

200021910762
11/21/03--01001--029 **750.00 03
05-15-02 90106 014 $150.00

2. Principal Office Address	3. Mailing Office Address
1717 N. BAYSHORE DR	1717 N. Bayshore Dr.
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. Suite 102
City & State MIAMI FL	City & State Miami FL
Zip 33132 Country USA	Zip 33132 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/30/2001

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Applies for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENNIS BEDARD

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable): 1717 N. BAYSHORE PRIVE

Suite, Apt. #, Etc.: SUITE 215

City: MIAMI State: FL Zip Code: 33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 11/6/03

REGISTERED AGENT MUST SIGN

CR2E051(9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ANDREA Alberghini	1717 N. BAYSHORE Dr #102	Miami FL/33132

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 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: _____ 11/6/03 305-233340

SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #

KB