

2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRET
DIVISION OF REVENUE
06 OCT 13 PM 3:01

DOCUMENT # P04000142175

1. Entity Name
HYPE ENTERPRISES, INC



Principal Place of Business

18331 PINES BLVD
#176
MIRAMAR, FL 33029

Mailing Address

18331 PINES BLVD
#176
MIRAMAR, FL 33029

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

20-1716241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKINS, TINA
18331 PINES BLVD #176
PEMBROKE PINES, FL 33029

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tina Parkins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/10/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME PARKINS, TINA
STREET ADDRESS 18331 PINES BLVD #176
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS 700080830357
CITY-ST-ZIP 10/13/06--01048--023 **150.00

TITLE DV
NAME PARKINS, LEIGHTON
STREET ADDRESS 18331 PINES BLVD #176
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tina Parkins TINA PARKINS DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/06

Daytime Phone #