PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 MAY 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000035042

1. Corporation Name
Hype Marketing Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1990 Main Street	1990 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 750	Suite 750
City & State	City & State
Sarasota, Florida	Sarasota, Florida
Zip: 34236 Country: USA	Zip: 34236 Country: USA

CR2E082 (01/10)

4. Date Incorporated or Qualified To Do Business in Florida: 4/22/2010

5. FEI Number: 27-2413160 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Ingrid Fleming

Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street

Suite, Apt. # Etc: Suite 750

City: Sarasota | State: FL | Zip Code: 34236

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05/23/17--01033--001 **300.00

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: Ingrid Fleming
REGISTERED AGENT MUST SIGN

Date: 05-17-17

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
Director	Ingrid Fleming	1990 Main Street, Ste 750	Sarasota, FL 34236

10. E-mail Address: ingrid.fleming@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, 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: Ingrid Fleming Ingrid Fleming 05-17-17 407-529-9848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T HENDERSON
MAY 25 2017