

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000087080

P14000087080

1. Corporation Name

HYPERLATOR, INC.

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

33626

Country

USA

Zip

33626

Country

USA

7. Name and Address of Current Registered Agent

Name

OLIVERO LAW, P.A.

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

27544 CASHFORD CIRCLE

Suite, Apt. #, Etc.

101-B

City

WESLEY CHAPEL

State

FL

Zip Code

33544

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2014

5. FEI Number

47-2211035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

800293008478

12/02/16--01015--014 **1083.75

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

Chris Reel

REGISTERED AGENT MUST SIGN

Date

10-13-16

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
P/D/C	SCOTT ABBOTT		
VP/T/D	FRANCESCO LEISING		
S/D	JEFFREY MOTLEY		
VP/D	Thomas Flynn		
D	Michael Lange		

10. E-mail Address: **CREEL@OLIVEROLAW.COM**

(To be used for future annual report notification)

11. 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., 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:

Chris Reel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-16 813-562-8147

Daytime Phone #