


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

FILED
04 OCT 11 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000047043**

1. Corporation Name

Hip Realty Corp

2. Principal Office Address

3030 NW 79 ST

Suite, Apt. #, etc.

Miami FL

City & State

Zip

33147

Country

USA

3. Mailing Office Address

***162 Indian Trace**

Suite, Apt. #, etc.

294

City & State

Weston FL

Zip

33326

Country

USA

REINSTATEMENT

03-04-11

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

1250765898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Shmuel Kliger

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

714 Verona Lake Dr

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Shmuel Kliger

REGISTERED AGENT MUST SIGN

Date **9/17/04**

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	Shmuel Kliger	714 Verona Lake Dr	Weston FL 33326
VP	Losh Kliger	11	11 700041288597
			10/13/04--01051--018 **150.00
			700041288597
			09/23/04--01012--001 **150.00

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 fees 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shmuel Kliger

Date

9/17/04

Daytime Phone #

**305
3389005**

CR2E081 (01/04)