

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 23 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Hype A marketing conspiracy company

P97000107734

2. Principal Office Address

101 N. GARDEN AVENUE

3. Mailing Office Address

101 N. GARDEN AVE.

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33755

Country

U.S.

Zip

33755

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/87

5. FEI Number

69-3754054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JASON REGENSBURG

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

1432 Temple Street

Suite, Apt. #, Etc.

800003380138-4

-09/01/00--01040--023

****300.00 ****900.00

City

CLEARWATER,

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date

8/23/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	BRENDAN HAGGARTY	101 N. GARDEN AVE, #100	CLEARWATER, FL 33755
PRES.	JASON REGENSBURG	1432 Temple Street	CLEARWATER, FL 33756

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

Date

Daytime Phone #

8/23/00 727/446-2854