

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070389

1. Corporation Name

HYPERTRON DOT COM INC.

Principal Place of Business

Mailing Address

519 FRANCES TERRACE  
DAYTONA BEACH FL 32118

519 FRANCES TERRACE  
DAYTONA BEACH FL 32118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

123 Milton Road

Suite, Apt. #, etc.

Daytona Beach FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

123 Milton Road

City & State

Daytona Beach FL

Zip 32118

Country USA

Zip 32118

Country USA

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1998

5. FEI Number

59-3525821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARTER, MICHAEL D	519 FRANCES TERRACE	DAYTONA BEACH FL 32118
			400003082154--1
			-12/28/99--01060--016
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

CARTER, MICHAEL D  
519 FRANCES TERRACE  
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

Carter, Michael D

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

123 Milton Road

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Michael D Carter* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12-15-1999

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., 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Michael D Carter* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-1999

Date

904-255-22

Daytime Phone #

KE