2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 11 AM 8:21

DOCUMENT # L03000008096

1. Entity Name
J.A. HAWKS LANDING, L.L.C.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD STE.360 HOLLYWOOD, FL 33021	3440 HOLLYWOOD BLVD STE.360 HOLLYWOOD, FL 33021

02072005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
18851 NE 29th. AVENUE	18851 NE 29th AVENUE
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State AVENTURA FL	City & State AVENTURA, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 13-4244513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent --

ROTH, LEONARDO A
3440 HOLLYWOOD BLVD STE.360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

18851 NE 29th AVENUE, SUITE 900

City AVENTURA **FL** Zip Code 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 02/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

REINSTATEMENT

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARONSON, JUDITH 3440 HOLLYWOOD BLVD STE.360 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th AVENUE, SUITE 900 AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARONSON, LEONARDO 3440 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th AVE SUITE 900 AVENTURA FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500046851245
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #