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L06000087926

Florida Department of State
Division of Corporations
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To:
Division of Corporations Attn: Suzanne Hawkes
Fax Number : (850)617-6383

850-245-6030 Attn: Suzanne Hawkes

From:
Account Name : BRENNER KAPROSY, L.L.P.
Account Number : I20050000128
Phone : (440)247-5555
Fax Number : (440)247-5551

Please give original fax date - 2/13/09

LIMITED LIABILITY REINSTATEMENT

HAWTHORNE INVESTMENTS OF FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01 2
Estimated Charge	$521.25

S. HAWKES

FEB 13 2009

EXAMINER

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LIMITED LIABILITY COMPANY -REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L06000087926

1. Limited Liability Company's Name

Hawthorne Investments of Florida, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13600 Broadway Avenue	50 East Washington St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cleveland, OH	City & State: Chagrin Falls, OH
Zip: 44125 Country: United States	Zip: 44022 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/07/2006

6. FEI Number: NONE ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: BKM Florida Agent Corp.

Street Address (P.O. Box Number is Not Acceptable): 2866 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

City: Ft. Lauderdale State: FL Zip Code: 33067

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: T. Brenner Date: 2/13/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Trinetti, Gary P.	13600 Broadway Avenue	Cleveland, Ohio 44125

REINSTATEMENT
2007-09

S. HAWKES
FEB 20 2009
EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 2-13-09 Daytime Phone #: 216 536 5021

Typed or printed name of signing Managing Member/Manager: Gary P. Trinetti

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