

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 19 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000039702

1. Corporation Name

Hawk Management Group Inc.

*ALL 8300*

2. Principal Office Address - No P.O. Box #

190 NW Spanish River Blvd

Suite, Apt #, etc

101

City & State

Boca Raton, Fl.

Zip

33431

Country

US

3. Mailing Office Address

Same

Suite, Apt #, etc

City & State

Zip

Country

200169415752  
02/17/10--01034--007 \*\*500.00

REINSTATEMENT

*026-10*

4. Date Incorporated or Qualified  
To Do Business in Florida 3-14-2005

5. FEI Number  
34-2040795

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

Matthew Cohen

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

190 NW Spanish River Blvd

Suite, Apt. #, Etc

101

City

Boca Raton

State

FL

Zip Code

33431

The 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 reinstatement  
fee be waived.

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

*MJC*

Date 2-15-2010

REGISTERED AGENT MUST SIGN

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	Deborah Cohen	190 NW Spanish River Blvd #101	Boca Raton, Fl. 33431

200169415752  
03/09/10--01001--007 \*\*150.00

*d 3/19*

10. E-mail Address: debcohen@bellsouth.net

(To be used for future annual report notification)

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, I further certify, 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:

*Deborah Cohen*

Deborah Cohen

2-15-2010

561-723-5798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #