

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000444

Name and Mailing Address

0003075 01 AT 0.292 **AUTO T4 0 0615 32765-778560



THE HAWK L.L.C.
1360 TALL MAPLE LOOP
OVIEDO FL 32765-7785



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 01/05/2001

Principal Place of Business
1360 TALL MAPLE LOOP
OVIEDO FL 32765

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3692561

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

HAWKINS, CODY D CEO
1360 TALL MAPLE LOOP
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent *Cody D. Hawkins* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-27-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAWKINS, CODY D CEO	1360 TALL MAPLE LOOP	OVIEDO FL 32765
MGR	FITZGERALD, SONORA A PRES.	1380 TALL MAPLE LOOP	OVIEDO FL 32765

600024474356
11/06/03--01012--003 **150.00

REINSTATEMENT

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dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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 *Cody D. Hawkins* **SIGNATURE REQUIRED**

Date 10-27-03

Daytime Phone # 407-359-281

Typed or printed name of signing Managing Member/Manager

CODY D. HAWKINS

CR2E094 (7/03)