


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000015965

02 NOV -4 PM 12:52

1. DOCUMENT # L01000015965

Name and Mailing Address

0006044 01 FP 0.352 **PRSR T9 0 0615 31561-010101
HAWKINS PARTNERS, LLC
PO BOX 30101
SEA ISLAND GA 31561-0101

REINSTATEMENT 2002



2. New Mailing Address P.O. Box 30103 City, State, Zip SEA ISLAND, GA 31561-0103		4. State/Country of Formation FL	
Principal Place of Business 112 HAWKINS ISLAND CIRCLE SEA ISLAND GA 31561		5. Date Organized or Qualified To Do Business in Florida 09/18/2001	
3. New Principal Place of Business Address 400 MAIN ST. # 6-C City, State, Zip ST. SIMONS ISLAND, GA 31522		6. FEI Number 80-0023135 Applied For Not Applicable	
8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 300008789073 11704702--01093--002 **155.00	
		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 <i>Jon S. Jenrette</i> Date 10-24-02 REGISTERED AGENT MUST SIGN			
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
MANAGER	JON S. JENRETTE	400 MAIN ST. Suite 6-C	ST. SIMONS ISLAND, GA 31522
MANAGER	M.E. RALSTON, JR.	NINE DOWWOODY PK. Suite 112	ATLANTA, GA 30338
REINSTATEMENT 2002			

CP2E084 (8/02)

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

Jon S. Jenrette

Date 10/24/02

Daytime Phone #

912.634.8401

Typed or printed name of signing Managing Member/Manager

Jon S. Jenrette