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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000010401

1. DOCUMENT # L02000010401

Name and Mailing Address

0010656 01 AT 0.292 **AUTO TS 0 0615 34228-133677

EL HALCON, LLC

6877 GULF OF MEXICO DRIVE

LONGBOAT KEY FL 34228-1336

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L02/23/04



2. New Mailing Address 4120 Cutlass Lane		4. State/Country of Formation FL	
City, State, Zip Naples, FL 34102		5. Date Organized or Qualified To Do Business in Florida 05/01/2002	
Principal Place of Business 6877 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	3. New Principal Place of Business Address 4120 Cutlass Lane City, State, Zip Naples, FL 34102	6. FEI Number 000000000	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent HAWKINS, WILLIAM J 6877 GULF OF MEXICO DRIVE SARASOTA FL 34228		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 William J. Hawkins Street Address (P.O. Box Number is Not Acceptable) 4120 Cutlass Lane City Naples FL Zip Code 34102			
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 William S. Hawkins SIGNATURE REQUIRED Date 2/19/04 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
Managing Member	William J. Hawkins	4120 Cutlass Lane	Naples, FL 34102
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 William S. Hawkins SIGNATURE REQUIRED Date 2/19/04 Daytime Phone # 239-775-2800 Typed or printed name of signing Managing Member/Manager William J. Hawkins			

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EL HALCON, LLC

February 20, 2004

Mr. Lee Rivers
Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee, FL 32399

Dear Lee:

Thank you for assisting me today.

Last year, on or slightly after 4/28/03, I sent in what I thought was a properly completed "2003 Limited Liability Company Uniform Business Report". Unfortunately, as I learned from you today, I had not completely filled out this form. However, as I told you today, I never received a notification that this form was being returned to me for completion. Accordingly, per your instructions, I am enclosing a completely filled out "Application for Reinstatement" form, along with a check for \$105, to cover: 1) my \$50 annual fee, 2) my \$50 reinstatement fee, and 3) my \$5 fee for a "Certificate of Status".

Sincerely,

William J. Hawkins

William J. Hawkins
Managing Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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