
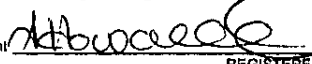
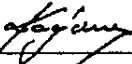


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000023873 1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">HAWXTAR LLC</div> <div style="position: absolute; right: 0; top: 0; font-size: 2em; opacity: 0.5;">07</div>			
2. Principal Office Address - No P.O. Box # 1897 Palm Beach Lakes Blvd Suite, Apt. #, etc. STE 226 City & State WEST PALM BEACH, FL Zip 33409		3. Mailing Office Address 1897 Palm Beach Lakes Blvd Suite, Apt. #, etc. STE 226 City & State WEST PALM BEACH, FL Zip 33409	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 03/29/2004	
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name MR. FRANC KOCJAN Street Address (P.O. Box Number is Not Acceptable) 1897 Palm Beach Lakes Blvd Suite, Apt. #, Etc. STE 226 City WEST PALM BEACH		<div style="text-align: center; font-size: 1.5em; opacity: 0.5;">MK</div> <input checked="" type="checkbox"/> 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 608, F.S. Signature of Registered Agent:  by <u>A Howard</u> as atty in Date <u>3/3/09</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN fact</div>			
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
MGRM	MR. FRANC KOCJAN	1897 Palm Beach Lakes Blvd STE 226	WEST PALM BEACH, FL 33409
<div style="position: absolute; left: 10%; top: 50%; transform: translate(-50%, -50%); font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="position: absolute; left: 40%; top: 50%; transform: translate(-50%, -50%); font-size: 1.5em; font-weight: bold;">2007-2009</div> <div style="position: absolute; right: 10%; top: 50%; transform: translate(-50%, -50%); font-size: 1.2em;">300144989403 03/05/09--01001--017 **42 .25</div>			
11. 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: 		Date <u>3/3/09</u> Daytime Phone# <u>561 6948107</u>	
Typed or printed name of signing Managing Member/Manager <u>Franc Kocjan</u>			

FILED
 09 MAR - 4 AM 8:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (10/08)