L04000033987

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LIMITED LIABILITY REINSTATEMENT

HAWKACCESS, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	$200.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2006

HAWKACCESS, LLC
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

SUBJECT: HAWKACCESS, LLC
REF: L04000033987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Leslie Sellers
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000033987

1. Limited Liability Company's Name
Hawkaccess, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
13900 S. Jog Road	701 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Building #203, Suite 147	Suite 1400
City & State	City & State
Delray Beach, Florida	Miami, FL
Zip / Country	Zip / Country
33446 / USA	33131 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 4, 2004

6. FEI Number: 20-1087798 ☐ 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

Name: Law Center of the Americas, LLC

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue

Suite, Apt. #, Etc.: Suite 1400

City: Miami | State: FL | Zip Code: 33131

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: Steven H. Hagen, Vice President Date: 09-06-06
REGISTERED AGENT MUST SIGN

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	Joe Egosi	13900 S. Jog Road, Bldg. #203, Suite 147	Delray Beach, FL 33446

REINSTATEMENT 06-06

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: 09-06-06 Daytime Phone #: 305-677-3837

Typed or printed name of signing Managing Member/Manager: Joe Egosi