

SEP-11-2006 MON 10:01 AM

FAX NO.

P. 01

Division of Corporations

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L04000033987

Florida Department of State
Division of Corporations
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From:

Account Name : HARPER MEYER #5
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LIMITED LIABILITY REINSTATEMENT

HAWKACCESS, LLC

Certificate of Status	0
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Page Count	01
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50-205-0381

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Florida Dept of State



September 11, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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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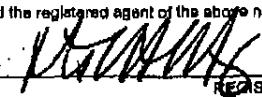
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 Hawkecess, LLC			
2. Principal Office Address 13900 S. Jog Road Suite, Apt. #, etc. Building #203, Suite 147 City & State Delray Beach, Florida Zip 33446		3. Mailing Office Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1400 City & State Miami, FL Zip 33131 Country 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			
Title	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
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 # 305-677-9837	
Typed or printed name of signing Managing Member/Manager Joe Egosi			

REINSTATEMENT 06-06

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