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FILED
2008 APR 29 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000067764

1. Limited Liability Company's Name
GF Hawker, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1000 Brickell Avenue		1000 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	US	33131	US

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified To Do Business in Florida 07/06/2006

6. FEI Number ☐ 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
AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Avenue

Suite, Apt. #, Etc.
Suite 300

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

☑ 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 _____ Date 4/28/2008
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
MGR	Simon Galante	1000 Brickell Avenue, Suite 300	Miami, Florida 33131
MGR	Adolfo Fastlicht	1000 Brickell Avenue, Suite 300	Miami, Florida 33131

REINSTATEMENT 04-08

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 4/28/2008 Daytime Phone # 305-416-6800

Typed or printed name of signing Managing Member/Manager Simon Galante

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

GF HAWKER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$377.50~~

$277.50

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