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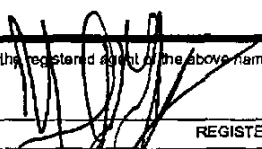
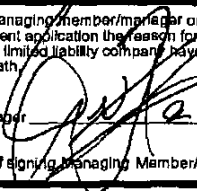
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 29 AM 8:33

FILED

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					
2. Principal Office Address - No P.O. Box # 1000 Brickell Avenue Suite, Apt. #, etc. Suite 300 City & State Miami, Florida Zip 33131		3. Mailing Office Address 1000 Brickell Avenue Suite, Apt. #, etc. Suite 300 City & State Miami, Florida Zip 33131		4. State/Country of Formation Florida, US	
Country US		Country 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					
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 Member/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	
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			

REINSTATEMENT 07-08

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Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : 120000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

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LIMITED LIABILITY REINSTATEMENT

GF HAWKER, LLC

Certificate of Status	0
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