

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 16 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/16/02--01031--015 ***450.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20489			
1. Corporation Name Hawco Enterprises, Inc			
2. Principal Office Address 5184 Cooper Terrace Suite, Apt. #, etc. City & State Port Charlotte FL Zip 33981		3. Mailing Office Address 5184 Cooper Terrace Suite, Apt. #, etc. City & State Port Charlotte FL Zip 33981	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3013381	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name James Hawco		
Street Address (P.O. Box Number is Not Acceptable) 5184 Cooper Terrace		
Suite, Apt. #, Etc.		
City Port Charlotte	State FL	Zip Code 33981

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <i>James J. Hawco</i>	Date 12/9/02
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES J. HAWCO	5184 COOPER TERRACE	PORTCHARLOTTE, FL 33981

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>JAMES J. HAWCO</i>		<i>12/9/02</i>	<i>9416989295</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/01)

**Hawco Enterprises Inc
5184 Cooper Terrace
Port Charlotte, FL 33981**

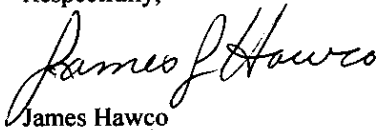
December 6, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Florida Department of State,

Please be advised that I never received my UBR for the year 2000. I believe that this was due to my relocation from the east coast to the west coast. I am requesting that you waive any and all penalties and interest on these reports. Enclosed with this letter is my check for \$450 to cover the 3 years filing fees and the completed Corporation Reinstatement. Your attention to this matter is greatly appreciated.

Respectfully,

A handwritten signature in cursive script that reads "James Hawco".

James Hawco
President
Hawco Enterprises Inc
Enclosures (2)
RB