PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address 8.350 August Address 8.350 August Address Suite, Apt. 6, etc.	LIMITED LIABILITY COMPANY REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # Z 99000002394 1. Limited Liability Company's Name HAWTHORNE EMERGRANS LLC FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA												
Suto, pd. #, etc. Suto, pd. #,	2. Principal Office Address 3. Mailing Office Address								REINS I ATENTE				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Apt. #, etc. Cdy & State Country C					,			Ī					
City & State Now Post Country C	Suite,pt. #	, etc.	23.85.07	7	Suite, Apt. #, etc.								
Application of Country									To Do Business in Florida			k-= { ;	
34655 OSA - B. Name and Address of Current Registered Agent - B. Name and Address of Current Registered Agent - B. Name and Address of Current Registered Agent - Surie, Ag. F. Et. - 11/16/01=-01094-024 - ***********************************	City & State	,		.1	City & State				6. FEI Number Applied For				
34655 USA Registered Agent Street Address (PC, Box Number is Not Acceptable) Street Address (PC, Box Number is Not Acceptable) Susua, Apr. #, Etc. ***********************************	Man)	A DEL 12	ZCHE	SY, FL	Country				59-357/848 Not Applicable				
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. 4, Etc.	3465	55	•	4			Country		CERTIFICATE	OF STATUS DESIRED (2) SS(0) Addition Corollege (1) Corolle	16කයෝඛය ආශ්ලිකය ආශ්ලිකය		
Signature of Registered Agent Managing Members/Managers 11. cerkly that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in chapter 608, E.S. I further certify, that when filing this reinstatement application has been eliminated, the limited liability company name satisfies the requirements of eaction 608, 65, 5. and that all fees over by the limited pilotic propaging name to filing this reinstatement application has been eliminated. The limited liability company name satisfies the requirements of eaction 608, 65, 5. and that all fees over 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 outher carbon. Signature of Registered Agent Signature of the second to the second the limited liability company name satisfies the requirements of eaction 608, 65, 55, and that all fees over 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 Registered Agent Signature shall have the same legal effect as if made under oath. Signature of Registered Agent Manager Signature shall have the same legal effect as if made under oath. Signature of Registered Agent Manager Signature shall have the same legal effect as if made under oath. Signature of Registered Agent Manager Signature shall have the same legal effect as if made under oath. Signature of Registered Agent Manager Signature shall have the same legal effect as if made under oath.													
10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager Name of Man	Street Address (P.O. Box Number is Not Acceptable) Sol E. Kewiso Box Number is Not Acceptable) Suite, Apt. #, Etc. *****155.00 *****195.00 City TAMPA State Zip Code FL 33602 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 10/31/01											CR2E041 (9/01)	
Titles Name of Managing Members Managers Street Address of Each Managing Members Manager City / State / Zip MARM DAVED A HACKETT 8350 AND RANKEY PLACE New Horse Receiver of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstalement 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 owned 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 Manager Advanced Phone # 727 79.3.9484													
11. I cer'ily 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 filling 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 Manager Date 10/28/0/ Daytime Phone # 7.2.7.79.3.948.4		Titles Name of				Street Address of Eacl			ier City / State / Zip			Maria Santa	
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Managing Member/Manager Date 20/28/0 Daytime Phone # 72 7 79.3 948.9	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												
Typed or printed name of signing Managing Member/Manager AVEO A. HACKETT			ger	and the	with _	<u>. </u>	Date	10/2	28/0/-0	aytime Phone # 727 793 948	<u>,</u> 4		
	Typed or printed name of signing Managing Member/Manager												