

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000019456

1. Corporation Name

Hawk Express, Inc

2. Principal Office Address

2409 Centergate Dr
 Suite, Apt. #, etc. #201
 City & State Miramar FL
 Zip 33025 Country U.S.A.

3. Mailing Office Address

2409 Centergate Dr
 Suite, Apt. #, etc. #201
 City & State Miramar FL
 Zip 33025 Country U.S.A.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida

2-22-2001

5. FEI Number

65-1079368

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Name

Jorge BLANCO

7. Name and Address of Current Registered Agent
 Street Address (P.O. Box Number is Not Acceptable)

2409 Centergate Dr.
 Suite, Apt. #, Etc. #201

City

MIRAMAR

300031199033
 03/25/04--01046--016 **1050.00

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.

State
 FL

Zip Code

33025

REGISTERED AGENT MUST SIGN

Date

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, S, D	ANA SAEZ	2409 Centergate Dr. #201	Miramar FL 33025
VP, D	Jorge BLANCO	2409 Centergate Dr. #201	Miramar FL 33025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR