2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 20, 2008
Secretary of State

DOCUMENT# P03000145422

Entity Name: JOHN HAWKINS TEL-COM INC.

Current Principal Place of Business:

3429 SPOOL MILL ROAD
VERNON, FL 32462 US

New Principal Place of Business:

3293 HICKS LAKE TRAIL
VERNON, FL 32462 US

Current Mailing Address:

3429 SPOOL MILL ROAD
VERNON, FL 32462 US

New Mailing Address:

P O BOX 112
VERNON, FL 32462 US

FEI Number: 20-0450748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, JOHN
3429 SPOOL MILL ROAD
VERNON, FL 32462 US

Name and Address of New Registered Agent:

HAWKINS, JOHN
3293 HICKS LAKE TRAIL
VERNON, FL 32462 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN HAWKINS 05/20/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAWKINS, JOHN
Address: 3429 SPOOL MILL ROAD
City-St-Zip: VERNON, FL 32462 US

Title: VP (X) Delete
Name: HAWKINS, JOHN
Address: 3429 SPOOL MILL ROAD
City-St-Zip: VERNON, FL 32462 US

Title: S (X) Delete
Name: HAWKINS, JOHN
Address: 3429 SPOOL MILL ROAD
City-St-Zip: VERNON, FL 32462 US

Title: T (X) Delete
Name: HAWKINS, JOHN
Address: 3429 SPOOL MILL ROAD
City-St-Zip: VERNON, FL 32462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition
Name: HAWKINS, JOHN
Address: P O BOX 370
City-St-Zip: VERNON, FL 32462 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAWKINS PRES 05/20/2008
Electronic Signature of Signing Officer or Director Date