


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091816		
1. Entity Name HAWKINS ANTIQUES USA, INC.		

FILED
07 APR 23 PM 12:48

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



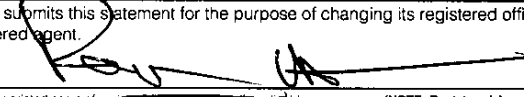
REINSTATEMENT 00-07

Principal Place of Business 409 ARBOR CIRCLE CELEBRATION, FL 34747		Mailing Address 409 ARBOR CIRCLE CELEBRATION, FL 34747	
2. Principal Place of Business - No P.O. Box # 2400 SW 30th Ave		3. Mailing Address 2400 SW 30th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hallandale, FL		City & State Hallandale, FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. FEI Number 37-1501500	Applied For <input type="checkbox"/> Not Applicable
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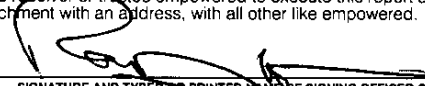
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUNN, JOHN C 409 ARBOR CIRCLE CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Name RAYMOND P. HAWKINS Street Address (P.O. Box Number is Not Acceptable) 2400 SW 30th Ave City Hallandale FL Zip Code 33009	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and agent acceptable.	DATE 4-18-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOLLY, SARA LISABETH 2400, SW 30TH AVE. HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, RAYMOND P PRIORY BUILDINGS, BROAD ST. BARRY CF62 7AD, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAWKINS, R PRIORY BUILDINGS, BROAD ST. BARRY CF62 7AD, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-18-07 Daytime Phone # 954-983-5800