

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P93000015195</u>			
1. Corporation Name <u>Hawkeye Builders Inc.</u>			
2. Principal Office Address <u>1112 48th ST</u> Suite, Apt. #, etc. <u>Box 6</u> City & State <u>Mangonia Park FL</u> Zip <u>33407</u> Country <u>USA</u>		3. Mailing Office Address <u>1112 48th ST</u> Suite, Apt. #, etc. <u>Box 6</u> City & State <u>Mangonia Park FL</u> Zip <u>33407</u> Country <u>USA</u>	
		4. Date Incorporation or Qualified To Do Business in Florida <u>2-22-93</u>	
		5. FEI Number <u>65-0392980</u>	
		6. CERTIFICATE OF STATUS DESIRED ☐ <u>3.75</u> Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <u>David Van Den Berg</u> Street Address (P.O. Box Number is Not Acceptable) <u>6896 Paul Mar Dr</u> Suite, Apt. #, Etc. City <u>Lantana</u> State <u>FL</u> Zip Code <u>33462</u>			
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 <u>David Van Den Berg</u> Date <u>5-13-04</u> 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
<u>Pres</u>	<u>Dave Van Den Berg</u>	<u>6896 Paul Mar Dr</u>	<u>Lantana FL 33462</u>
<u>V.P.</u>	<u>Jeff Van Den Berg</u>	<u>330 E. 25th ST.</u>	<u>Pineville Beach FL 33404</u>
<u>Sec.</u>	<u>Amy Van Den Berg</u>	<u>6896 Paul Mar Dr</u>	<u>Lantana FL 33462</u>
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: <u>Dave Van Den Berg</u> Date <u>5-13-04</u> Daytime Phone # <u>561-585-1148</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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04 MAY 19 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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