

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000095824

1. Corporation Name

HAWK INVESTMENT & MANAGEMENT CO., INC.

Principal Place of Business

**5341 HAWK HURST AVENUE
 SUITE 104
 FORT LAUDERDALE, FL 33331**

Mailing Address

**5341 HAWK HURST AVENUE
 SUITE 104
 FORT LAUDERDALE, FL 33331**

If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	LEON, MARCOS W.	5341 HAWK HURST AVENUE	FORT LAUDERDALE, FL 33331

8. Name and Address of Current Registered Agent

**LEON, MARCOS W.
 5341 HAWK HURST AVENUE
 FORT LAUDERDALE, FL 33331**

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Marcos W. Leon

REGISTERED AGENT MUST SIGN

Date **02/17/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax)

12. 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:

Marcos W. Leon

LEON, MARCOS W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/99

Date

Daytime Phone #

FILED
 99 FEB 19 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

*08-99
 2/19/99*

4. Date Incorporated or Qualified To Do Business in Florida **11/22/1996**

5. FEI Number

Applied For
 Not Applicable

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CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CPRE010 (1-99)