

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

02 AUG -1 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Hawk Powerboats, Inc.

697000032902

2. Principal Office Address

444 Brickell Ave,

Suite, Apt. #, etc.

Suite 224

City & State

Miami, FL

Zip

33131

Country

U.S.A.

3. Mailing Office Address

P.O. Box 10469

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33101

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-074-7538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

600006977426--7

-08/08/02--01062--012

\*\*\*\*450.00 \*\*\*\*450.00

**7. Name and Address of Current Registered Agent**

Name

Christopher Coello

Street Address (P.O. Box Number is Not Acceptable)

444 Brickell Ave

Suite, Apt. #, Etc.

Suite, 224

City

Miami

State

FL

Zip Code

33131

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

*Christopher Coello*

REGISTERED AGENT MUST SIGN

Date

7-31-02

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
PRES	Christopher Coello	444 Brickell Ave, Suite 224	Miami, FL 33131

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:

*Christopher Coello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-02

Date

(305) 371-5810

Daytime Phone #

CR2E081 (9/01)

7/31/02

*Attachment*

pg 7000032902

# Hawk Powerboats, Inc.

July 31, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

RE: Corporation Reinstatement

To Whom It May Concern:

As per your our conversation on July 31, 2002, I would like to reinstate my company Hawk Powerboats, Inc., FEI Number 65-074-7538. Which was dissolved by Admin Dissolution for Annual report in September 2000. I am enclosing a check in the amount of \$450.00, for 3 years of annual Report Fees. I would like to request that the reinstatement fee be removed, because the annual reports were never received.

If you have any questions please contact me at (305) 371-5810.

Thanking you in advance.

Sincerely,



Christopher Coello  
President  
Hawk Powerboats, Inc.