

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045614

1. Corporation Name

HAWKINS D. INVESTMENT CORP.

Principal Place of Business

3621 COLLINS AVENUE #206
MIAMI BEACH FL 33141

Mailing Address

3621 COLLINS AVENUE #206
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

7820 SW 168TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33157

Zip

33157

Country

U.S.A.

3. New Mailing Office Address, If Applicable

7820 SW 168TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33157

Zip

33157

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1997

5. FEI Number

59-3463775

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAWKINS, DIEGO	3621 COLLINS AVENUE #206 7820 SW 168TH STREET	MIAMI BEACH FL 33141 MIAMI, FL. 33157

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-08/10/00--01078--010
*****908.75 *****908.75

REINSTATEMENT 99-00 1 TS

8. Name and Address of Current Registered Agent

HAWKINS, DIEGO
3621 COLLINS AVENUE #206
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

HAWKINS, DIEGO

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

7820 SW 168TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33157

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 7/26/00

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00

Date

Daytime Phone #

CR2E040 (8/99)