PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

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

FILED
00 APR 17 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079941

1. Corporation Name
Hawks Secueity, Inc.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 4437	—
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fl.	City & State
Zip: 33429 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/12/97

5. FEI Number: 650784015 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Norman Silvestre

Street Address (P.O. Box Number is Not Acceptable): 25 F Crossings Circle

Suite, Apt. #, Etc.:

City: Boynton Beach State: FL Zip Code: 33435

900003225149--9
-04/26/00--01078--00
****300.00 ****300.00

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: [signature] REGISTERED AGENT MUST SIGN Date: 04-14-00

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
President	Norman Silvestee	25 F Crossings Circle	Boynton Beach, Fl. 33435
Vice-President	Robert Bethel	3619 Lake View Blvd.	Delray Beach, Fl. 33445

99-00 AR TS

10. I certify that I am an officer or director of 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] 04-14-00 561 704-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Sir/Madam:

Enclosed is a check for $300 as the person on the phone instructed us to send, due to the fact that we never received the forms to renew the Corporation on a yearly basis. We called on numerous occasions without results or information.

Thank you for your attention