

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 16 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001

UBB

DOCUMENT # P990000062717

1. Corporation Name

Hawk Recovery, Inc.

2. Principal Office Address

3125 Fortune Way

Suite, Apt. #, etc.

No. 20

City & State

Wellington, FL.

Zip

33414

Country

U.S.

3. Mailing Office Address

1129 Royal Palm Bch, Blvd.

Suite, Apt. #, etc.

PMB 630

City & State

Royal Palm Bch, FL.

Zip

33411

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

July 14, 1999

5. FEI Number

65 0933678

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

Pete Waguda

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

16298 89th PL. North

Suite, Apt. #, Etc.

City

Loxahatchee

State
FL

Zip Code

33470

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

Date 3/13/01

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
President	Pete Waguda	16298 89th PL. N.	Loxahatchee, FL 33470

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:

Peter P. Waguda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

561-784-7824

Daytime Phone #

CR2E081 (9/00)

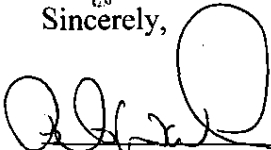
March 13, 2001

To Whom It May Concern:

We were informed on March 7, 2001, from the Dept. of State to write this letter letting you know that we never received our form for our corporation reinstatement. We also at this time were informed to enclose a check for the amount of \$300.00 .

Thank you for your cooperation.

Sincerely,


Pete Wabuda, President