

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 APR 11 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000078257**

1. Corporation Name
Hawthorne Construction Company, Inc.

2. Principal Office Address
2811-1 Industrial Plaza Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
2811-1 Industrial Plaza Dr.
Suite, Apt. #, etc.

City & State
Tallahassee
Zip
32301

City & State
FL 32301
Zip
32301

4. Date Incorporated or Qualified To Do Business in Florida **9/1/99**

5. FEI Number 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 **Donna Hawthorne**
Street Address (P.O. Box Number is Not Acceptable)
2811-1 Industrial Plaza Dr.
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32301**

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 **Donna Hawthorne** Date **4-11-02**
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
PO	Donna Hawthorne	2811-1 Industrial Plaza	Tallahassee, FL 32301
STD	Razieh Pouryahan	2811-1 Industrial Plaza	Tallahassee, FL 32301

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: **Donna Hawthorne**, Donna Hawthorne Date **4-11-02** Daytime Phone # **878-4416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)