PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 JAN 15 AM 11:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000078257

1. Corporation Name

Hawthorne Construction Company, Inc.

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address	
1372 Mill Street	Same.	
Suite, Apt. #, etc. D-14	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida
City & State Tallahassee, FL.	City & State	**5.** FEI Number 59-3635103 / ☐ Applied For / ☐ Not Applicable
Zip 32310	Country Leon	Zip / Country	**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) 1872 Mill Street

Suite, Apt. #, Etc. D-14

City Tallahassee   State FL   Zip Code 32310

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   REGISTERED AGENT MUST SIGN   Date 1-15-09

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
PD	Donna Hawthorne	134 Brock Lane Cairo,	Cairo, GA 39827
	01-09		500140813555 01/15/09--01017--005 **458.75

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 contained in Chapter 119, 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: _____   1-15-09.   850-528-3106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #