

DOCUMENT # P99000104379

1. Entity Name
HAWA CORPORATION

Principal Place of Business
1225 HAVERHILL ROAD
WEST PALM BEACH FL 33417

Mailing Address
1225 HAVERHILL ROAD
WEST PALM BEACH FL 33417

2. Principal Place of Business
1400 Centrepark Blvd
Suite, Apt. #, etc.
Suite 601
City & State
West Palm Beach, FL
Zip
33401
Country
USA

3. Mailing Address
1400 Centrepark Blvd
Suite, Apt. #, etc.
Suite 601
City & State
West Palm Beach, FL
Zip
33401
Country
USA

REINSTATEMENT

4. FEI Number
65-0964678
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
Ilona Mandelbaum
Street Address (P.O. Box Number is Not Acceptable)
1400 Centrepark Blvd
Suite 601
City
West Palm Beach FL Zip Code
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

December 12, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MANDELBAUM, ILONA A	1225 HAVERHILL ROAD	WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
D	DOLAN, DANIEL J	1225 HAVERHILL ROAD	WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 12, 2000 (561) 366-4097

Date Daytime Phone #

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (5/00)