

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 9:59

12 10/30

DOCUMENT # **S45202**

1. Corporation Name
HAWKINS AUTOMOTIVE INC

Principal Place of Business
HAWKINS AUTO INC
2417-4 GUAYA DR
EDGEWATER FL 32168
US

Mailing Address
2412 TOMOKA FARMS RD
DAYTONA BEACH FL 32124
US



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1111-R Enterprise Ct.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **04/15/1991**

City & State
Holly Hill Florida
Zip **32119** Country **Volusia**

City & State

5. FEI Number **59-3059577**

Applied For
Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAWKINS, LEROY R	2412 TOMOKA FARMS RD	DAYTONA BEACH FL
V	HAWKINS, JOYCE	2412 TOMOKA FARMS RD	DAYTONA BEACH FL
T	HAWKINS, ROY R	3980 BEXHILL DR	NEW SYRNA BEACH FL
S	HAWKINS, LINDA	3980 BEXHILL DR	NEW SMYRNA BEACH FL

900002335229--8
-10/31/97--01068--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAWKINS, LEROY R.
2412 TOMOKA FARMS RD
DAYTONA BCH FL 32124

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent Leroy R. Hawkins
REGISTERED AGENT MUST SIGN

Date 27 OCT 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Leroy R. Hawkins **LEROY R. HAWKINS** 27 OCT 1997 2559447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)