

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2010 NOV -8 PM 9:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

500187551785 11/08/10--01054--002 **100.00

CR2E041 (05/10)

DOCUMENT # L07000053562

1. Limited Liability Company's Name

FALCON LLC

2. Principal Office Address - No P.O. Box #

7469 SW 109TH PLACE

Suite, Apt #, etc.

City & State

MIAMI FL

Zip

33173

Country

US

3. Mailing Office Address

7469 SW 109TH PLACE

Suite, Apt #, etc.

City & State

MIAMI FL

Zip

33173

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

05/18/2007

6. FEI Number

260378450

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CARLOS MORALES

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

7469 SW 109TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

CARLOS MORALES - Carlos Morales

REGISTERED AGENT MUST SIGN

Date

11/2/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CARLOS MORALES	7469 SW 109TH PLACE	MIAMI FL 33173
REINSTATEMENT - 10			

11. E-mail Address

trekriders64@afl.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Carlos Morales

Date

11/2/2010

Daytime Phone #

305-710-7204

Typed or printed name of signing Managing Member/Manager Carlos Morales

CM