


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 12 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000003717**
1. Corporation Name
FALCO SALES, INC

Handwritten initials

REINSTATEMENT 03-05

2. Principal Office Address 4970 SW 72 AVE Suite, Apt. #, etc. UNIT 104 City & State MIAMI, FL Zip 33155 Country USA		3. Mailing Office Address 4970 SW 72 AVE Suite, Apt. #, etc. UNIT 104 City & State MIAMI, FL Zip 33155 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida Jan 7, 1998	5. FEI Number 65-0822317	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
WEINTRAUB, ROSEN, & KING PA

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

Suite, Apt. #, Etc.
SUITE 1270

City
MIAMI

State
FL

Zip Code
33131

300054215623
05/10/05--01068--007 **1050.00

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.
Weintraub, Rosen & King, P.A.

Signature of Registered Agent By: *Lee I. Weintraub* Date **March 30, 2005**

Lee I. Weintraub, 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
President	ELIZABETH ANCONA	4970 SW 72 AVE UNIT 104	MIAMI, FL 33155
Secretary	DONALD FEETHAM	4970 SW 72 AVE UNIT 104	MIAMI, FL 33155

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: *Donald Feetham* **DONALD FEETHAM** 4/6/05 305-662-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)