

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K76978

1. Corporation Name

FALCON AVIATION, INC.

Principal Place of Business

28000 AIRPORT ROAD  
BLDG 108 BOX A-4  
PUNTA GORDA FL 33982

Mailing Address

28000 AIRPORT ROAD  
BLDG 108 BOX A-4  
PUNTA GORDA FL 33982

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0120834

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
PVTS	BYERS, DAVID M	28000 AIRPORT ROAD, BLDG 108 BOX	PUNTA GORDA FL 33982
			900003060459--0 12/03/99--01089--017 ***758.75 ***758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLK, JOHN  
141 W. MARION AVE  
POB 1221  
PUNTA GORDA FL 33951-1221

Name  
DAVID M BYERS  
Street Address (P.O. Box Number if Not Applicable)  
28000 Airport Rd Box A-4  
Suite, Apt. #, Etc.  
City  
PUNTA GORDA  
State  
FL  
Zip Code  
33982

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.

Signature of  
Registered Agent

*PM Byers*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/28/99

11. 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:

*PM Byers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99 941-639-7071  
Date Daytime Phone #

FILED

99 NOV 22 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2520 (REV)