

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

FALCON CAPITAL L.L.C.

LO1000010482

2. Principal Office Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 1100

City & State

Miami, FL

Zip

33131

Country

3. Mailing Office Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 1100

City & State

Miami, FL

Zip

33131

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

06/27/01

6. FEI Number

651125027

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

FISCHMAN, HARVEY & DUTTON, P.A.

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

3050 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33137

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

Bruce Fischman for Fischman, Harvey & Dutton, P.A. Date Feb 16, 06

REGISTERED AGENT MUST SIGN

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	Eric Schaer	1111 Brickell Ave., Suite 1100	Miami, FL 33131

REINSTATEMENT 03-06

11. 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

[Signature]

Date 2-16-06

Daytime Phone # 305 913 7130

Typed or printed name of signing Managing Member/Manager