PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 12 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900174308459
05/06/10--01018--024 **138.75
900174308459
04/02/10--01042--008 **655.00

CR2E041 (11/09)

DOCUMENT # L03000055068

1. Limited Liability Company's Name
FALCON 03, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1145 BEACH DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH	City & State
Zip: 33483 Country: PALM BEACH	Zip Country

4. State/Country of Formation: PALM BEACH
5. Date Organized or Qualified To Do Business in Florida: 12-22-2003
6. FEI Number: 20-1476463 ☐ 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: JAMES M. PAINTER
Street Address (P.O. Box Number is Not Acceptable): 1300 NORTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.: SUITE 110
City: BOCA RATON State: FL Zip Code: 33432

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 3/31/2010

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
MANAGING MEMBER	KEVIN G. BROLLEY	1145 BEACH DRIVE	DELRAY BEACH, FL, 33483
	REINSTATEMENT 06-10		

11. E-mail Address: KBROLLEY@BELLSOUTH.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: [signature] Date: 3.31.10 Daytime Phone #: 561.274.2056

Typed or printed name of signing Managing Member/Manager: KEVIN G. BROLLEY