FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 OCT 19 AM 10:12

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000045214

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

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1623 COLLINS AVENUE	1623 COLLINS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
616	616
City & State	City & State
MIAMI BEACH, FLORIDA	MIAMI BEACH, FLORIDA
Zip / Country	Zip / Country
33139 / USA	33139 / USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
05/01/2006

6. FEI Number
16-1758907
☐ 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
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc

City	State	Zip Code
PLANTATION	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Connie Bauer Date 10/19/2015
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	RHYS WILLIAM DALE	2301 COLLINS AVENUE APT 609 1623 616	MIAMI BEACH, FLORIDA 33139
			S. HAWKES
			OCT 20 A.M.
			EXAMINER

11. E-mail Address: BILLD8@GMAIL.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Rhys W. Dale Date 10/19/15 Daytime Phone # 5613178574

Typed or printed name of signing Authorized Representative/Manager Rhys W. Dale

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
FALCON GROUP, LLC

Certificate of Status	0
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