

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000056514

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Entity Name:** FALCON INTERNATIONAL HOLDINGS, LLC

**Current Principal Place of Business:**

1951 N.W. 19TH STREET SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 19TH STREET SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-4974630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PACHMAN, MARK A  
1645 PALM BEACH LAKES BLVD. SUITE 1200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

DIFIORE, CORA  
1951 NW 19TH STREET  
200  
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORA DIFIORE

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ARTHUR J. FALCONE AS, TRUSTEE  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Change (X) Addition  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTHUR FALCONE

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date