

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR -3 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 94 0000 2176

1. Corporation Name  
FALCON'S GLEN HOMEOWNER'S  
ASSOCIATION, INC

2. Principal Office Address - No P.O. Box # 12693 TAMiami TR.E  
3. Mailing Office Address 12693 TAMiami TR.E.

Suite, Apt. #, etc. SUITE 118  
Suite, Apt. #, etc. SUITE 118

City & State NAPLES, FL.  
City & State NAPLES, FL.

Zip 34113 Country USA  
Zip 34113 Country USA

**REINSTATEMENT 07-09**

4. Date Incorporated or Qualified To Do Business in Florida 5/02/94

5. FEI Number 65-0490989  
Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JENNIFER TANNER, C.A.M.

Street Address (P.O. Box Number is Not Acceptable) 297 BAY MEADOWS DR

Suite, Apt. #, Etc.

City NAPLES State FL Zip Code 34113

The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Jennifer Tanner  
REGISTERED AGENT MUST SIGN

Date Dec. 31, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RON KACZMAREK	7028 FALCONS GLEN BLVD	NAPLES, FL. 34113
VP	PAUL WEST	7036 FALCONS GLEN BLVD	NAPLES, FL 34113
S/T	JOHN ALBASI	8028 BELMONT CT	NAPLES, FL. 34113
	<del>7/2/01</del>	<del>2004</del>	<del>0000/FLA</del>
			700140668597 01/14/09--01042--014 **297.50
			700140668597 03/04/09--01034--002 **70.00

10. 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 contained in Chapter 119, 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: Ron Kaczmarek Date 12/31/08 Daytime Phone # 239-404-8898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR