PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED OH JAN-7 PM 4: 15
DOCUMENT # N9600002518 1. comporation Name LAKETAND FALCONS The	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
*÷.	
2. Principal Office Address 69 Beech Av. Suite, Apt. #, etc. 3. Mailing Office Address 609 Beech Av. REII Suite, Apt. #, etc.	STATEMENT (5) 9/12/03 90097 03P 7000
City & State City & State City & State City & State Country Zip Country	Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated or Qualified To Do Business in Florida Date Incorporated Or Qualified To Do Business in Florida Date Incorporated Or Qualified To Do Business in Florida Date Incorporated Or Qualified To Do Business in Florida Date Incorporated Or Qualified To Do Business in Florida Date Incorporated Or Qualified To Do Business in Florida Date Incorporate Or Status Designed To Date Incorporate Or Status Date Incor
To Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
City City R. I, being appointed the registered agent of the above named corporation, am familiar with and accept the old	State Zip Code FL 3/3 8/4
Signature of Registered Agent Local Registered Agent Must Sign Registered A	Date 12 - 28 - 03
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	
P.T FAMES HENDRY LOG Beach AV.	LAKEland Fl. 338/5
VP Kevin Hendrix 3512 milner Dr	S. LAKeland-Fl. 33.815
1-E FRANK Rollins - 613 Beech Av.	LAKE land F1 33845
T Demenique Hendrix 1 2854-star Light C	ove LAKELAND Fl. 33818
ST Angle THOMAS DSV 45 Rock AV.	LAKELAND Fl. 3385
A.C ShelkekA LATT: more - 2854- Star Light JANE, APT DAS	cove LAKEland Y1, 33810
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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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