

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P0100034219

1. Corporation Name

FALCON MINILAB SERVICES, INC

2. Principal Office Address

45 NW 17 PLACE

Suite, Apt. #, etc.

APT #1

City & State

MIAMI, FL ORIDA

Zip

33125

Country

USA

3. Mailing Office Address

45 NW 17 PLACE

Suite, Apt. #, etc.

APT 1

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

5. FEI Number

65-1095495

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

Pedro Falcon

Street Address (P.O. Box Number is Not Acceptable)

45 NW 17 PLACE

Suite, Apt. #, Etc.

APT # 1

City

Miami

State

FL

Zip Code

33166

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

P Falcon

REGISTERED AGENT MUST SIGN

Date

10/07/03

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
PD	Pedro Falcon	45 NW 17 Place	Miami, FL 33125

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 #

P Falcon

10/07/03

FELIPE R. RUIZ

**CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER ST., SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.CO**

October 3, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: Falcon Minilab Services, Inc.
P0100034219

Enclosed is the above referenced taxpayer's Corporation Reinstatement for 2003. Please note our firm is in the process of updating the company's accounting record and discovered that the report had not been filed.

The corporation has moved the office from 8165 NW 74 Avenue, Medley, Fl 33166 as reflected on the enclosed 2003 reinstatement report. Because of these reasons the taxpayer never received their original annual report.

It was not the taxpayer's intention to file late: therefore, we respectfully request that you accept the \$150.00 filling fee and waive all late payment penalties.

If you have any questions regarding this matter feel free to contact me.

Sincerely yours,


Felipe R. Ruiz