

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 27 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000-73786

1. Corporation Name

FALCON CONSTRUCTORS INC

2. Principal Office Address

13200 SW 128<sup>TH</sup> ST

Suite, Apt. #, etc.

SUITE B-2

City & State

MIAMI FL

Zip

33186

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

WENDALL MARSHALL

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

418 MICHIGAN PL

Suite, Apt. #, Etc.

SUITE

City

WEST PALM BCH

State

FL

Zip Code

33409

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

Wendall Marshall

Date

10/20/03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>WILLIE L. OXENDINE</u>	<u>13200 SW 128<sup>TH</sup> B-2</u>	<u>MIAMI, FL 33186</u>
<u>VP</u>	<u>WENDALL MARSHALL</u>	<u>418 MICHIGAN PL</u>	<u>W. P. B FL 33409</u>
<u>S</u>	<u>WENDALL MARSHALL</u>	<u>418 MICHIGAN PL</u>	<u>W. P. B FL 33409</u>

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:

Wendall Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

(786) 258-6486

CR2E081 (10/02)

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