

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 NOV 20 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500138131439  
11/20/08--01023--016 \*\*158.75

**REINSTATEMENT**  
CR2E081 (10/08)

07-08

DOCUMENT #

PO 1000104141

1. Corporation Name

FALCON Capital Asset Group Inc

W08-50897

2. Principal Office Address - No P.O. Box #

11612 NW 13th Manor

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

FLORIDA

Zip

33071

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2001

5. FEI Number

051148418

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

Spiegel & Utner, Pa.

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

1840 SW 22nd Street 4th floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/2008

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
Pres	MARTIN Kleinman	11612 NW 13th Manor	Coral Springs fl 33071

700137710877  
11/06/08--01036--002 \*\*150.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/08

Date

954  
258-9157

Daytime Phone #