

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048079

1. Corporation Name

THE FALINE GROUP, INC.

Principal Place of Business

1015 NORTH 16 COURT
HOLLYWOOD FL 33020

Mailing Address

1015 NORTH 16 COURT
HOLLYWOOD FL 33020

REINSTATEMENT



300024713623
11/14/03--01074--010 **150.00

FILED
03 NOV 14 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2002

5. FEI Number

45-0475750

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | FALINE, DAVID | 1015 NORTH 16 COURT | HOLLYWOOD FL 33020 |
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8. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 EAST SUNRISE BLVD. (#502)
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name David Faline
Street Address (P.O. Box Number is Not Acceptable)
1015 N 16th Ct
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

David Faline
REGISTERED AGENT MUST SIGN

Date 11/10/03

11. 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:

David Faline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

954-682-8889

Daytime Phone #

CR2E040 (7/03)

11/10/03

Dear person,

Please accept my check for \$50.00 and reinstate my corporation. Things have not been going so well and I have moved my office 4 times in the past year because I use an office with the people I work for. I didn't receive my mail properly and much of it was lost. Thank you for your help.

Sincerely,

David Faine

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