

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM (D)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 OCT 19 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000130154

1. Corporation Name

Falco Air, Inc.

2. Principal Office Address

2472 Dennis Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

2472 Dennis Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/15/04

5. FEI Number

201-73-6509

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

Milam Howard Nicandri Dees & Gillam, P.A.

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

14 East Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

*G. Alanthara, President*

REGISTERED AGENT MUST SIGN

Date October 9, 2006

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                            |
|--------|--------------------------------------|---|---|
| D      | John Falconetti                      | 2472 Dennis Street                                | Jacksonville, FL 32204                        |
| D      | Bob Falconetti                       | 2472 Dennis Street                                | Jacksonville, FL 32204                        |
| D      | Rob Falconetti                       | 2472 Dennis Street                                | Jacksonville, FL 32204                        |
| D      | Diane Falconetti                     | 2472 Dennis Street                                | Jacksonville, FL 32204                        |
|        |                                      |   | 400081020444<br>10/19/06--01029--002 **900.00 |
|        |                                      |   |   |

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:

*John Falconetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-06

Date

904-859-5902

Daytime Phone #