

10/13/99 WED 10:03 FAX 718 539 8608

FALCON PERSPECTIVE INC. --- PHILL FALZONE

2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 NOV -5 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047780

1 Corporation Name

FALCON PERSPECTIVES OF FLORIDA, INC.

994780

Principal Place of Business

Mailing Address

16 HAMPTON CT.
PALM BCH. GARDENS FL 33418

40-11 106 ST.
FLUSHING NY 11358

* Above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

99 TULIP AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 305

City & State

City & State

FLORAL PARK N.Y.

Zip

Country

Zip

11001

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1994

5. FEI Number

65-0502125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TOMA, ELIZABETH A	40-11 106 ST.	FLUSHING NY 11358

500003046255--5
11/16/99--01090--017
150.00 *150.00

18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROSS, WILLIAM S
1177 S.E. THIRD AVE.
FORT LAUDERDALE FL 33316-1197

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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)(b), 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

11/1/99 516
352 4839
Daytime Phone

OCTOBER 13, 1999

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

RE : FALCON PERSPECTIVES OF FLORIDA
ID#: 65-0502125

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DEAR SIR/MADAM,

AS PER OUR TELEPHONE CONVERSATION OF OCTOBER 13, 1999, ENCLOSED PLEASE FIND
A CHECK IN THE AMOUNT OF \$ 150.00.
WE NEVER RECEIVED THE FORMS THAT NEEDED TO BE COMPLETED IN ORDER TO KEEP
OUR CORPORATION ACTIVE. PLEASE NOTE THE CHANGE IN OUR MAILING ADDRESS TO :

FALCON PERSPECTIVES OF FLORIDA
99 TULIP AVE. STE. 305
FLORAL PARK, N.Y. 11001

PLEASE SEND THE NECESSARY FORMS TO THE ABOVE NOTED ADDRESS AND THEY WILL
BE COMPLETED AS REQUIRED. THANK YOU IN ADVANCE.

VERY TRULY YOURS,



ELIZABETH TOMA, PRES.