

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 NOV -3 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047780

1. Corporation Name

FALCON PERSPECTIVES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

16 HAMPTON CT.  
PALM BCH. GARDENS FL 33418

99 TULIP AVE  
STE. 305  
FLORAL PARK NY 11001  
US

*LR*



REINSTATEMENT 2003

If 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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0502125

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	TOMA, ELIZABETH A	40-11 166 ST.	FLUSHING NY 11358

000024380830  
11/03/03--01068--003 \*\*750.00

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  
FL

Zip Code

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

*William S. Cross*  
REGISTERED AGENT MUST SIGN

Date 10/28/03

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:

*William S. Cross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03  
Date

Daytime Phone #

CR2E040 (7/03)