

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**REINSTATEMENT**

**99/98**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JUN -8 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000092211**

1. Corporation Name

**FALCON EXPORT EXPRESS, CO.**

Principal Place of Business

**5220 N.W. 72ND AVE.**  
**#35**  
**MIAMI FL 33166**

Mailing Address

**5220 N.W. 72ND AVE.**  
**#35**  
**MIAMI FL 33166**

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

2. New Principal Office Address, If Applicable <b>5220 NW 72 AVE</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/05/1995</b>	
Suite, Apt. #, etc. <b>Box 31</b>		Suite, Apt. #, etc.		5. FEI Number <b>65-0631715</b>	
City & State <b>Miami, FL</b>		City & State		Applied For	
Zip <b>33166</b>		Country <b>Dade</b>		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	<b>HERNANDEZ, ERNESTO</b>	<b>5220 N.W. 72ND AVE. #35</b>	<b>MIAMI FL 33166</b>
VD	<b>MENDOZA, MAURICIO</b> <b>DELETE PLEASE</b>	<b>5220 N.W. 72ND AVE. #35</b>	<b>MIAMI FL 33166</b>
TD	<b>DUENAS, MISAEAL</b> <b>DELETE PLEASE</b>	<b>5220 N.W. 72ND AVE. #35</b>	<b>MIAMI FL 33166</b>
			<b>200002556952--4</b> <b>-06/11/98--01077--009</b> <b>*****8.75 *****8.75</b>
			<b>200002556952--4</b> <b>-06/11/98--01077--010</b> <b>****315.00 ****315.00</b>

8. Name and Address of Current Registered Agent

**DUENAS, MISAEAL**  
**5220 N.W. 72ND AVE.**  
**#35**  
**MIAMI FL 33166**

9. Name and Address of New Registered Agent

Name **Ernesto Hernandez**  
Street Address (P.O. Box Number is Not Acceptable)  
**5220 NW 72 Ave, Box 31**  
Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33166**

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.

Signature of Registered Agent

Date **6-3-98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-26-98** **305-591-8792**

Date

Daytime Phone #

CR20040 (8/97)