

P96000000 914  
BERGER & DAVIS, P.A.  
ATTORNEYS AT LAW

100 N. THIRD AVENUE  
SUITE 400  
FORT LAUDERDALE, FLORIDA 33301  
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215 SOUTH MONROE STREET  
SUITE 804  
TALLAHASSEE, FLORIDA 32301  
TELEPHONE (904) 561-3010  
FACSIMILE (904) 561-3013

REPLY TO:  
Fort Lauderdale

December 20, 1995

Secretary of State  
State of Florida  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800001671978  
-12/27/95--01059--005  
\*\*\*\*122.50 \*\*\*\*122.50

Re: FALCOR CORP.

Gentlemen:

Enclosed herewith are:

1. One executed original and a xerox copy of Articles of Incorporation of Falcor Corp.
2. Our check in the amount of \$122.50 in payment of the following:
  - (a) filing fee in the amount of \$35.00;
  - (b) certified copy in the amount of \$52.50; and
  - (c) registered agent fee in the amount of \$35.00.

If you have any questions, please telephone.

Very truly yours,

BERGER & DAVIS, P.A.

  
Laz L. Schneider

LLS:mw

Enclosure

SHARON E. TALA

JAN - 4 1996

ARTICLES OF INCORPORATION  
OF  
FALCOR CORP.

FILED  
95 DEC 27 11 01 AM '95  
FALCON COUNTY, FLORIDA  
CLERK OF CIRCUIT COURT

The undersigned incorporator does hereby make, subscribe, file and acknowledge these Articles of Incorporation for the purpose of organizing a corporation under the Florida General Corporation Act.

ARTICLE I

NAME OF CORPORATION

The name of this Corporation shall be:  
FALCOR CORP.

ARTICLE II

GENERAL NATURE OF BUSINESS

The general purpose for which this Corporation is organized shall be to engage in any lawful activity or to transact any lawful business for which a corporation may be incorporated under the Florida General Corporation Act.

ARTICLE III

AUTHORIZED SHARES

The total authorized capital stock of this Corporation shall consist of 100,000 shares of Common Stock, par value \$.001 per share.

ARTICLE IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this Corporation will begin business shall be determined by the initial Board of Directors.

ARTICLE V

ADDRESS OF PRINCIPAL OFFICE

Address of the principal office of this Corporation is 1900 North Atlantic Boulevard, Villa 3, Fort Lauderdale, Florida 33305.

ARTICLE VI

TERM OF EXISTENCE

This Corporation shall exist perpetually.

ARTICLE VII

ADDRESS OF REGISTERED OFFICE IN THIS STATE

The street address of the initial registered office of this Corporation in the State of Florida is 100 Northeast Third Avenue, Suite 400, Fort Lauderdale, Florida 33301, and the initial registered agent of this Corporation at that address shall be Laz L. Schneider.

ARTICLE VIII

NUMBER OF DIRECTORS

This Corporation shall have not less than one (1) Director.

FILED  
95 DEC 27 11 01 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IX

INITIAL BOARD OF DIRECTORS

The names and street addresses of the initial members of the Board of Directors are:

Michael J. Gribetz                      1900 N. Atlantic Boulevard  
Villa 3  
Ft. Lauderdale, FL 33305

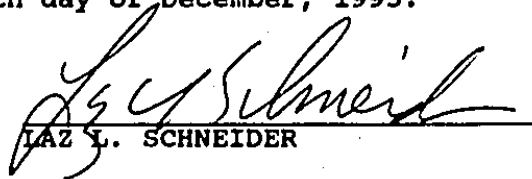
ARTICLE X

INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is:

Laz L. Schneider                      100 N. E. 3 Avenue, Suite 400  
Ft. Lauderdale, FL 33301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 20th day of December, 1995.

  
LAZ L. SCHNEIDER

THE UNDERSIGNED, named as the registered agent in Article VII of these Articles of Incorporation hereby consents to act as such registered agent.

  
LAZ L. SCHNEIDER

STATE OF FLORIDA       )  
                              ) SS:  
COUNTY OF BROWARD     )

The foregoing instrument was acknowledged before me this 20th day of December, 1995 by Laz L. Schneider, who is personally known to me.

NOTARY PUBLIC

Sign: Maia Walter

Print: Maia Walter

My Commission Expires:

(SEAL)



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 18 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000914**

1. Corporation Name  
**FALCOR CORP.**

Principal Place of Business  
**1800 NORTH ATLANTIC BLVD., VILLA 3  
FT. LAUDERDALE FL 33305**

Mailing Address  
**1800 NORTH ATLANTIC BLVD., VILLA 3  
FT. LAUDERDALE FL 33305**



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *96*  
To Do Business in Florida

12/27/1995

5. FE Number

*APPLYING FOR*

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>GRIBETZ, MICHAEL J</b>	<b>1800 NORTH ATLANTIC BLVD., VILLA</b>	<b>FT. LAUDERDALE FL 33305</b>

**400002037104--9**

**-12/24/96--01103--018**

**\*\*\*\*375.00 \*\*\*\*375.00**

*JB/2-19-96*

8. Name and Address of Current Registered Agent

**SCHNEIDER, LAZ L  
100 NORTHEAST THIRD AVE., STE. 400  
FT. LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*12/16/96*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/14/96*

Daytime Phone #

*(954) 566-9882*

CR2500 (7/95)