

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 SEP 20 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Latherine J. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **096000065214**

1. Corporation Name  
**FALCON CONSTRUCTION CORP.**

2. Principal Office Address  
**901 Grove Land Hills Dr.**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**901 Grove Land Hills Dr.**  
Suite, Apt. #, etc.

City & State  
**Tallahassee FL**

City & State  
**Tallahassee FL**

Zip  
**32317**

Country  
**U.S.A.**

Zip  
**32317**

Country  
**U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida **09/05/96**

5. FEI Number **65-0689727**

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 **EDWARD C. FREEMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**901 Grove Land Hills Dr.**

Suite, Apt. #, Etc.

City **Tallahassee**

State **FL**

Zip Code **32317**

800004609978-6  
09/25/01-01029-006  
\*\*\*\*300.00 \*\*\*\*300.00

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 **[Signature]**

REGISTERED AGENT MUST SIGN

Date **09/20/2001**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>C</b>	<b>EDWARD C. FREEMAN</b>	<b>901 Grove Land Hills Dr.</b>	<b>Tallahassee FL 32317</b>

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/20/2001**

Daytime Phone #

Sept. 20 2001

202

To whom it may concern  
I EDWARD C. FREEMAN have received  
the VBR report for the year 2000  
Mailing address 901 Grove land Hills Dr.  
Tallahassee FL 32317



Corporation Name  
Falcon Construction Corp.  
Doc. #96000065214