PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2020 APR 22 AM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E051 (11/10)

DOCUMENT # P96000079928

1. Corporation Name

Falcon Properties (2), Inc.

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
8950 SW 74 CT		8950 SW 74 CT	
Suite, Apt. #, etc 1803		Suite, Apt. #, etc. 1803	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country USA	Zip 33156	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1996

5. FEI Number: 65-0805685 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes. — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lamelas Law, P.A.

Street Address (P O Box Number is Not Acceptable): 2525 Ponce de Leon Blvd.

Suite, Apt. #, Etc: 300

City: Coral Gables — State: FL — Zip Code: 33134

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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 _____ Date 2/25/20

REGISTERED AGENT MUST SIGN

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
DP	Franco D'Agostino	8950 SW 74 CT Ste. 1803	Miami, Florida 33156

10. **E-mail Address:** gus@lamelaslaw.com; daniel@lamelaslaw.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Feb. 27, 2020 305 3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #