2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# P97000091075

Entity Name: FALCON'S ROOST, INC.

Current Principal Place of Business:

221-223 CROCKETT BLVD.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

1891 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

Current Mailing Address:

221-223 CROCKETT BLVD.
MERRITT ISLAND, FL 32953

New Mailing Address:

1891 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

FEI Number: 65-0788992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALLON, LARRY
506 ORANGE AVE.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

FALLON, LARRY B PRES
506 ORANGE AVE.
MERRITT ISLAND, FL 32952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY B. FALLON 08/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FALLON, LARRY B
Address: 506 ORANGE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete
Name: FALLON, MAUREEN E
Address: 506 ORANGE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: FALLON, MAUREEN E
Address: 506 ORANGE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY B. FALLON PRES 08/13/2009
Electronic Signature of Signing Officer or Director Date