

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075288**

1. Corporation Name

**FALCON'S NEST, INC.**

Principal Place of Business

**997 NORTH HIGHWAY A-1-A  
JUPITER FL 33477  
US**

Mailing Address

**997 NORTH HIGHWAY A-1-A  
JUPITER FL 33477  
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/26/1998**

5. FEI Number

**52-2112328**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P</b>	<b>MCDOWELL, MICHAEL</b>	<b>997 N A1A</b>	<b>JUPITER FL 33477</b>
<b>VP</b>	<b>MYERS, JAMES</b>	<b>997 N A1A</b>	<b>JUPITER FL 33477</b>

**800008549528**  
10/23/02--01085--012 \*\*150.00

8. Name and Address of Current Registered Agent

**MCDOWELL, MICHAEL  
997 NORTH HIGHWAY A-1-A  
JUPITER FL 33477**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10-21-02**

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., 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-21-02**

Daytime Phone #

CR2E040 (802)

Falcon's Nest, Inc.  
997 North Highway A-1-A  
Jupiter, Florida, 33477

Florida Department of State  
Jim Smith, Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida, 32314

Dear Mr. Smith:

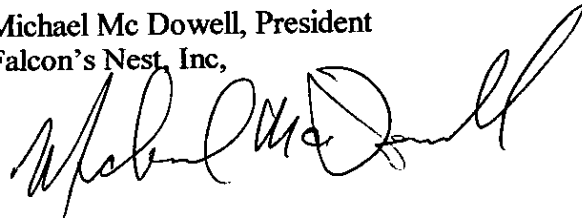
We received an Administrative Dissolution or Revocation notice in today's mail.

This letter is to inform you that after checking our records, we find that we did not send in our payment, however I have no record of receiving the renewal notice or any late notices. All renewals for Occupational Licenses from the County and town as well as the Corporate renewal are carefully filed and paid. I don't know how we could have missed paying this if we had a renewal notice.

We do not want to dissolve the corporation. Please accept our check #4768 in the amount of \$150.00 to renew our corporate license for 2002.

Thank you very much.

Michael Mc Dowell, President  
Falcon's Nest, Inc.

A handwritten signature in black ink, appearing to read "Michael Mc Dowell", written over the printed name.