

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

00 JUN 20 AM 11:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000105633**

1. Corporation Name

**FALCHI ENTERPRISES CORPORATION**

Principal Place of Business

Mailing Address

6412 RALEIGH STREET, SUITE 2513  
 ORLANDO FL 32835

6412 RALEIGH STREET, SUITE 2513  
 ORLANDO FL 32835



**REINSTATEMENT**

*99-10*

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

4. Date Incorporated or Qualified To Do Business in Florida

12/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*59-3548589*

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED

**\$5.75** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUIMARAES PINHEIRO , NEUZA	6412 RALEIGH STREET, SUITE 2513	ORLANDO FL 32835

200003312422--1  
 -07/05/00-01013-009  
 \*\*\*\*\*900.00 \*\*\*\*\*900.00

*LS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUIMARAES PINHEIRO , NEUZA  
 6412 RALEIGH STREET, SUITE 2513  
 ORLANDO FL 32835

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]*  
**SIGNATURE REQUIRED**

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 President

Date

*3/27/00*

Daytime Phone #

CR2ED40 (6/98)