

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 AM 11:42

DOCUMENT # 371463

1. Corporation Name

THE FON CORP.

Principal Place of Business

Mailing Address

1477 OVERSEAS HWY  
MARATHON FL 33050  
US

1477 OVERSEAS HIGH  
MARATHON FL 33050  
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/20/1970	
City & State		City & State		5. FEI Number	
Zip		Country		59-1305172	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>P</del>	<del>CITRON, ABE</del>	<del>13 47TH ST GULF</del>	<del>MARATHON FL</del>
<del>VP</del>	<del>SORA, JOSEPH A.</del>	<del>1263 MARLIN DR.</del>	<del>MARATHON FL 33050</del>
<del>D</del>	<del>VANDERSTEERE, JOHN</del>	<del>1515 SOMBRERO BLVD APT B-2</del>	<del>MARATHON FL 33050</del>
P/S/T/D	MARK Kern	1477 Overseas Hwy	Marathon FL 33050
			600003491426--1
			-12/08/00--01026--014
			****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
SORA, JOSEPH A. 1263 MARLIN DR. MARATHON FL 33050		Name R.A. Fotta		
		Street Address (P.O. Box Number is Not Acceptable) 1477 Overseas Hwy		
		Suite, Apt. #, Etc.		
		City Marathon	State FL	Zip Code 33050

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 *R.A. Fotta* **SIGNATURE REQUIRED** Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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.

**AD**

SIGNATURE: *Mark Kern* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/14/00 Daytime Phone #: 305-743-5600

CR2E040 (8/00)