PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -2 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086066

1. Corporation Name
Chris Fontaine, Inc.

401 E. Jackson Street
401 E. Jackson Street

2. Principal Office Address	**3.** Mailing Office Address
401 E. Jackson Street	401 E. Jackson Street
Suite, Apt. #, etc.: Ste. 2400	Suite, Apt. #, etc.: Ste. 2400
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33602 Country: USA	Zip: 33602 Country: USA

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1998

5. FEI Number 593547269 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Merritt A. Gardner

Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson Street

Suite, Apt. #, Etc.: Ste. 2400

City: Tampa | State: FL | Zip Code: 33602

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Fontaine, Glenda C.	5934 Pier Place Drive	Lakeland, Florida 33813
ST	Albright, Mark	1501 Shepherd Road, No. 9	Lakeland, Florida 33811

100042395201
11/02/04--01027--010 **750.00

10. 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: Glenda C Fontaine 10-28-04 863/644-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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