

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

JUN 16 PM 2:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005676**

1. Corporation Name

FONTAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
531-A Sergio Cuevas Hato Rey, PR 00918	531-A Sergio Cuevas Hato Rey, PR 00918

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	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

REINSTATEMENT 98-990
 [Handwritten initials]

4. Date Incorporated or Qualified To Do Business in Florida	11/20/95
5. FEI Number	65-0401422
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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CPT	Sifontes, Orval E.	531-A Sergio Cuevas	Hato Rey, PR 00918
CV	Sifontes, Maria D.	531-A Sergio Cuevas	Hato Rey, PR 00918
DS	Jove, Samuel H.	Federico Costa Final #106 Tres Monjitas	Hato Rey, PR 00917
			000002943290--3 -07/27/98--01075--012 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

Juan C. Zorrilla, Esq.
One S.E. Third Avenue
Suite 2200
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	
State	Zip Code
FL	

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **June 25, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ORVAL E. SIFONTES, President

Date

Daytime Phone #

CR2E081 (1/2/98)