


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F95000005676</b> 1. Entity Name FONTAN ASSOCIATES, INC.		
Principal Place of Business 531-A SERGIO CUEVAS HATO REY, PR 00918 OC		Mailing Address 531-A SERGIO CUEVAS HATO REY, PR 00918 OC
2. Principal Place of Business #200 Winston Churchill Ave.	3. Mailing Address #200 Winston Churchill Ave.	
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500	
City & State San Juan, PR	City & State San Juan, PR	
Zip 00926	Country	Zip 00926
4. FEI Number 66-0401422		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  ZORRILLA, JUAN C ESQ 2200 S. DIXIE HIGHWAY STE 705 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SIFONTES, ORVAL E <input type="checkbox"/> Delete 531-A SERGIO CUEVAS HATO REY, PR 00918	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOVE, SAMUEL H <input type="checkbox"/> Delete CARR#1ESQUINAL175KM2.5#100RIOCANASINDPK CAGUAS, PR 00725	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV SIFO, MARIA D <input type="checkbox"/> Delete 531-A SERGIO CUEVAS HATO REY, PR 00918	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/14/06 Daytime Phone #: 787-704-4913

FILED  
06 JUL 26 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT (11/05) 0510