


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F95000005676</b> 1. Entity Name <b>FONTAN ASSOCIATES, INC.</b>			
Principal Place of Business <b>531-A SERGIO CUEVAS HATO REY, PR 00918 OC</b>		Mailing Address <b>531-A SERGIO CUEVAS HATO REY, PR 00918 OC</b>	
2. Principal Place of Business <b>#200 Winston Churchill Ave.</b>		3. Mailing Address <b>#200 Winston Churchill Ave.</b>	
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc. <b>Suite 500</b>	
City & State <b>San Juan, PR</b>		City & State <b>San Juan, PR</b>	
Zip <b>00926</b>		Zip <b>00926</b>	
Country 		Country 	
4. FEI Number <b>66-0401422</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZORRILLA, JUAN C ESQ 2200 S. DIXIE HIGHWAY STE 705 MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>	
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 <b>SIFONTES, ORVAL E</b> <input type="checkbox"/> Delete <b>531-A SERGIO CUEVAS</b> <b>HATO REY, PR 00918</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT <b>Sifontes, Orval E.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Winston Churchill Ave., Ste. 500</b> <b>San Juan, PR 00926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>JOVE, SAMUEL H</b> <input type="checkbox"/> Delete <b>CARR#1ESQUINAL175KM2.5#100RIOCANASINDPK</b> <b>CAGUAS, PR 00725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>Jové, Samuel H.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carr. #1, Esq. 175, Km. 2.5, #100</b> <b>Río Cañas, Caquas, PR 00725</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV <b>SIFO, MARIA D</b> <input type="checkbox"/> Delete <b>531-A SERGIO CUEVAS</b> <b>HATO REY, PR 00918</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Sifontes, María D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Winston Churchill Ave., Ste. 500</b> <b>San Juan, PR 00926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>400078380024</b>  <b>08/04/06--01043--006 **300.00</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>8/14/06</b> Daytime Phone #: <b>787-704-4913</b>	

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



REINSTATEMENT

(11/05) **0510**