

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1997 FEB 14 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DOCUMENT # K12400

1. Corporation Name  
The Fonda Corp.

Principal Place of Business Mailing Address

2133 Seminole Road  
Suite 2  
Atlantic Beach, Florida 32233

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.		5. FEI Number 69-2869902	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
D.	Charles M. Fonda	11637 Luis Cross Court	Jacksonville, Florida

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-02/18/97--01032--003  
\*\*\*965.00 \*\*\*965.00

K12400

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Charles M. Fonda 2133 Seminole Road Suite 2 Atlantic Beach, Florida 32233		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 Charles M. Fonda Date Feb 12, 1997  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: Charles M. Fonda Charles M. Fonda Feb 12, 1997 (904) 299-8046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/96)