

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO000059264

1. Corporation Name

FONTANEZ MANAGEMENT SERVICES, INC.

2. Principal Office Address - No P.O. Box #

906 US HWY 17-92 S

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1926

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33837

Country

USA

Zip

33836

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/12/2001

5. FEI Number

59-3726765

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 Rafael Fontanez

Street Address (P.O. Box Number is Not Acceptable)

906 HWY 17-92 South

Suite, Apt. #, Etc.

City DAVENPORT

State

FL

Zip Code

33837

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

Antonia Fontanez

REGISTERED AGENT MUST SIGN

Date 12/29/2009

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
PD	Rafael Fontanez	906 US HWY 17-92 S DAVENPORT FL 33837	DAVENPORT FL 33837
STD	Antonia Fontanez	906 US HWY 17-92 S	DAVENPORT FL 33837

10. E-mail Address: Seoman78@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Antonia Fontanez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2009

Date

Daytime Phone #