

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000068943

FILED
Apr 11, 2005
Secretary of State

Entity Name: FONTAINE & ASSOCIATES, INC.

Current Principal Place of Business:

10119 PARLEY DRIVE
TAMPA, FL 33626

New Principal Place of Business:

109 SAGO PALM WAY
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

10119 PARLEY DRIVE
TAMPA, FL 33626

New Mailing Address:

109 SAGO PALM WAY
PONTE VEDRA BEACH, FL 32082

FEI Number: 65-1132063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, SHANE L
2290 10TH AVE. NORTH STE 302
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

FONTAINE, TODD
109 SAGO PALM WAY
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: TODD FONTAINE

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FONTAINE, TODD
Address: 2290 10TH AVE. NORTH STE 302
City-St-Zip: LAKE WORTH, FL 33461

Title: DVS () Delete
Name: FONTAINE, STEPHANIE
Address: 2290 10TH AVE. NORTH STE 302
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FONTAINE, TODD
Address: 109 SAGO PALM WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVS (X) Change () Addition
Name: FONTAINE, STEPHANIE
Address: 109 SAGO PALM WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD FONTAINE

PRES

04/11/2005

Electronic Signature of Signing Officer or Director

Date