

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087336

1. Corporation Name

JAY FONTANA & ASSOCIATES, INC.

2. Principal Office Address

9441 West Sample Rd

Suite, Apt. #, etc.

205

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Office Address

9441 West Sample Rd

Suite, Apt. #, etc.

205

City & State

Coral Springs, FL

Zip

33065

Country

Broward

REINSTATEMENT 04-5

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-05-2001

5. FEI Number

13-3606226

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

Gasper Jay Fontana

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

9441 West Sample Road

Suite, Apt. #, Etc.

Suite # 205

City

Coral Springs

State

FL

Zip Code

33065

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

Gasper J. Fontana

REGISTERED AGENT MUST SIGN

Date

NOV 4, 05

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
PSTD	Gasper Jay Fontana	9441 West Sample Rd	Coral Springs, FL 33065
MGR	Thierry Franklin	9441 West Sample Rd	Coral Springs, FL 33065

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11/07/05--01006--017 **900.00

10. 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)(i), 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:

GASPER JAY FONTANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 4, 05 954 755-7335

Daytime Phone #