

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075437

1. Corporation Name

FONTANA CONSTRUCTION INC.

Principal Place of Business

PO BOX 351222
PALM COAST FL 32135

Mailing Address

PO BOX 351222
PALM COAST FL 32135

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

07/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0738094

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PS	FALLONE, ANTHONY	PO BOX 351222	PALM COAST FL 32135

400023866014
10/16/03--01092--026 **150.00

8. Name and Address of Current Registered Agent

FALLONE, ANTHONY
25 FLEETWOOD DR
PALM COAST FL 32135

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Anthony Fallon
REGISTERED AGENT MUST SIGN

Date

10/14/03

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 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:

Anthony Fallon ANTHONY FALLONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

386-503-0906
Daytime Phone #

CR2040 (7/03)

P.O. Box 351222
Palm Coast, Fl 32135

Fontana Construction Inc.


October 11, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

Fontana Construction Inc. did not send out the annual report/uniform business report because we never received the form package. We are sending our \$150.00 according to the record message we heard when we called 1-850-245-6059. Thank you.

Sincerely,



Anthony Fallon
President/Secretary