

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000021930

Entity Name: FONTENN2, INC.

**FILED**  
**Nov 16, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

2090 MATECUMBE KEY RD., #1403  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

2090 MATECUMBE KEY RD., #1403  
PUNTA GORDA, FL 33955

**New Mailing Address:**

PO BOX 1163  
HIXSON, TN 37343

FEI Number: 57-1155598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
AGOURA HILLS, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLANIGAN, DON E  
Address: 2090 MATECUMBE KEY RD., #1403  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DON E. FLANIGAN

PRES

11/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date