## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000120459

DRUMMET, CAROL

HOLLYWOOD, FL 33014 US

6610 THOMAS ST

Name:

Address:

City-St-Zip:

FILED Oct 05, 2004 Secretary of State

Entity Nan	ne: FONTELI	_A MANAGEMENT INC.					-	
Current Principal Place of Business:				New Principal Place of Business:				
5901 SW 4 DAVIE, FL								
Current Mailing Address:				New Mailing Address:				
5901 SW 42 COURT DAVIE, FL 33314 US				2525 OVERSEAS HWY DAVIE, FL 33314 US				
FEI Number:		FEI Number Applied For (X)	FEI Num	nber Not Appli	cable ( )	Certifica	ate of Status De	esired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	STEPHEN 8 TERRACE 33314 US							
The above in the State		submits this statement for the p	urpose of	f changing it	s registere	d office or r	registered age	ent, or both,
SIGNATUR	E:							
Electronic Signature of Registered Agent							Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	t receive th	ne prior notice	<b>).</b>			
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANGI	ES TO OFF	FICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( ) PEARSON, STI 3950 SW 48 TE DAVIE, FL 333	ERRACE		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) PEARSON, MA 455 40TH CT V PALMETTO, FL	V.		Title: Name: Address: City-St-Zip:	VP PEARSON, 3950 SW 48 DAVIE, FL	8 TERRACE	( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) HILL, SUSAN 3940 SW 58TH DAVIE, FL 333			Title: Name: Address: City-St-Zip:	S PEARSON, 3950 SW 58 DAVIE, FL	8TH TERRAC		
Title:	Т ()	) Delete		Title:	Т	(X) Change	( ) Addition	

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.

Name:

Address:

City-St-Zip:

PEARSON, STEPHEN

DAVIE, FL 33014 US

3950 SW 58TH TERRACE

SIGNATURE: STEPHEN PEARSON PRES 10/05/2004