

2004 AR


PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 13 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9000620129 **P95000020129**

1. Corporation Name
FONTAO MEDICAL, INC

200039693732
07/29/04--01042--018 **150.00

200039693732
09/24/04--01064--005 **400.00

2. Principal Office Address 9 BARRY ROAD		3. Mailing Office Address 9 BARRY ROAD	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD, FL	
Zip 33023-5271	Country BROWARD	Zip 33023-5271	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0563036** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$475 Application Fee required from Certificate of Status

7. Name and Address of Current Registered Agent

Name
ALONSO JUAN V.

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


Suits, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33023-5271

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0505, F.S.


Signature of Registered Agent  Date **7/24/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JUAN V. ALONSO	9 BARRY ROAD	HOLLYWOOD, FL 33023-5271

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 807 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)(b), 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:  Date **7/24/04** 954-963-2290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20001 001/04