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**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

P95000042510

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**96 DEC -3 PM 3:52**

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #
P95000042510
Fontana Plaza Corporation
1005 RUSSELL DRIVE #2
HIGHLAND BEACH, FL. 33487

8/23/96

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

| 4. Date Incorporated or Qualified To Do Business in Florida | 5. FEI Number | FEI Number Applied For ☐ / FEI Number Not Applicable ☐ | 6. $8.75 Additional Fee required for a Certificate of Status |
|---|---|---|---|
| 6/1/95 | | | CERTIFICATE OF STATUS DESIRED ☐ |

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| D | Levy, Robert | 1005 RUSSELL DRIVE #2 | HIGHLAND BEACH, FL 33487 |
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**REINSTATEMENT** 1996

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**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent
Filings, Inc.
3732 NW 16th St.
Ft Laud FL 33311

9. If changed, new registered agent / office
Name: Mitchell Pasin
Street Address (Do NOT Use P.O. Box Number): 1005 RUSSELL DRIVE #2
Street Address (Do NOT Use P.O. Box Number):
City: HIGHLAND BEACH State: FL Zip: 33487

CR2E040 (8/93)

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.

Signature of Registered Agent _____ Date 11/22/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Robert Levy Date 11/22/96 Daytime Phone # 561-279-9069

Typed or printed name of signing officer or director Robert Levy