

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -5 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P-00000011356*

1. Corporation Name

Frontier USA, Inc.

2. Principal Office Address

501 Brickell Key Dr
Suite, Apt. #, etc. *suite 504*

3. Mailing Office Address

501 Brickell Key Dr
Suite, Apt. #, etc. *Ste 504*

REINSTATEMENT *01-04*

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-1011983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wesley M. Robinson, Esq.

05/05/04--01057--005 **1200.00

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

501 Brickell Key Drive, Suite 504

05/05/04--01057--005 **1200.00

Suite, Apt. #, Etc.

504

City

Miami

State
FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P/S</i>	<i>Lucia Frontirrede Pen</i>	<i>808 Brickell Key Dr. #3502</i>	<i>Miami, FL 33131</i>

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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