

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 13 A 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700161662287
10/13/09--01064--011 **1350.00

CR2E081 (12/08)

DOCUMENT # **F04000004749**

1. Corporation Name

FRONTIER GEOSCIENCES INC

2. Principal Office Address - No P.O. Box #

414 PONTIUS AVEN

3. Mailing Office Address

414 PONTIUS AVEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEATTLE WA

City & State

SEATTLE WA

Zip

98109

Country

USA

Zip

98109

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/04

5. FEI Number

91-1560636

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

JOHN DINGFELDER

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

1405 WEST SWANN AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **10-8-09**

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
P D	KEVIN WILSON	414 PONTIUS AVEN	SEATTLE WA 98109
V D	ROBERT BRUNETTE	414 PONTIUS AVEN	SEATTLE WA 98109
S	SHERRI RIMPLER	414 PONTIUS AVEN	SEATTLE WA 98109
D	TOM POOLE CEO	414 PONTIUS AVEN	SEATTLE WA 98109

REINSTATEMENT

05-09

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 contained in Chapter 119, 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:

SHERRI L. RIMPLER SEC. 9.16.09

206-

622-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #