

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001489

FILED
Oct 11, 2009
Secretary of State

Entity Name: FRONTIER SPINNING MILLS HOLDING CORP.

Current Principal Place of Business:

1823 BOONE TRAIL ROAD
SANFORD, NC 27330

New Principal Place of Business:

Current Mailing Address:

1823 BOONE TRAIL ROAD
SANFORD, NC 27330

New Mailing Address:

FEI Number: 26-1819754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C T CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINNIGAN, DAVID F
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: MUELLER, DONALD
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DCEO () Delete
Name: PERKINS, GEORGE R JR
Address: 1823 BOONE TRAIL ROAD
City-St-Zip: SANFORD, NC 27330

Title: PS () Delete
Name: PERKINS, GEORGE R III
Address: 1823 BOONE TRAIL ROAD
City-St-Zip: SANFORD, NC 27330

Title: CFOT () Delete
Name: WALTON, BARBARA F
Address: 1823 BOONE TRAIL ROAD
City-St-Zip: SANFORD, NC 27330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change () Addition
Name: BAKANE, JOHN L
Address: 1823 BOONE TRAIL ROAD
City-St-Zip: SANFORD, NC 27330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: BARBARA F. WALTON

CFO

10/11/2009

Electronic Signature of Signing Officer or Director

Date