

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017761

1. Limited Liability Company's Name

Frontier Development Partners LLC

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

304 Interbay Ave.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32507

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/16/2001

6. FEI Number

030379406

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Deborah Hughes

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

304 Interbay Ave.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 4/27/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Deborah Hughes	304 Interbay Ave. Pensac	Pensacola FL 32507
mgrm	Chaks Hughes	304 Interbay Ave.	Pensacola FL 32507
			600102542606 05/16/07--01007--012 **205.00
			REINSTATEMENT
			04, 05, 06, 07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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
Managing Member/Manager

[Signature]

Date 4/27/07

Daytime Phone # 850-206-9139

Typed or printed name of signing Managing Member/Manager

Deborah Hughes