CAPITAL CONNECTION 850 222 1222 12/10 '04 11:07 NO.663 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 13 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040898

1. Limited Liability Company's Name
Frontier Travel Park LLC
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2. Principal Office Address	3. Mailing Office Address
13212 Nebraska Ave	same
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Tampa Fla	City & State NA
Zip 33612 Country Hillsborigh	Zip NA Country NA

4. State/Country of Formation FL - Hillsbrough
5. Date Organized or Qualified To Do Business in Florida 10/24/03
6. FEI Number 30-02-10-887 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: Richard Bevins
Street Address (P.O. Box Number is Not Acceptable): 13212 Nebraska Ave
Suite, Apt. #, Etc.: N/A
500043432375
12/15/04--01051--005 **150.00
City: Tampa State: FL Zip Code: 33612

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 X Richard Bevins Date 12/10/04
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
manager agent	Richard Bevins	13212 Nebraska Ave	Tampa Fl 33612
manager	Phyllis Huber Trust	13212 Nebraska Ave	Tampa Fl 33612
manager	Phillip A Bales	1147 Cherokee Rd	Townsville SC 29689
manager	Barbara S Bales	1147 Cherokee Rd	Townsville SC 29689

REINSTATEMENT 2004
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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 X Richard Bevins Date 12/10/04 Daytime Phone # (727) 492-4599

Typed or printed name of signing Managing Member/Manager Richard Bevins