NOV. 8. 2005 12:57PM CAPITAL CONNECTION NO. 1355 P

L03000040898

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
05 NOV -9 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040898

1. Limited Liability Company's Name
Frontier Travel Park LLC

2. Principal Office Address	3. Mailing Office Address
918 A Drew St	(Same)
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Clearwater	City & State ~~[illegible]~~ N/A
Zip 33755 County Pinellas	Zip N/A Country N/A

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) 785 Terrace Rd
Suite, Apt. #, Etc. N/A
City Dunedin State FL Zip Code 34698

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 Richard Bevins Date 11/8/05
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	785 Terrace Rd	Dunedin Fl 34698
manager	Inter Vivos Phyllis Huber Trust	918 A Drew St	Clw Fl 33755
manager	Phillip A Bales	1147 Cherokee Rd	Taylorville SC 29687
manager	Barbara S Bales	" " "	" " "

REINSTATEMENT 2005

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11/16/05 01050-005 **150.00

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 Richard Bevins Date 11/8/05 Daytime Phone # (727) 492-4599

Typed or printed name of signing Managing Member/Manager Richard Bevins (727) 446-8899