PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMULED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

OLFEB 16 AM II: 45 SECRETARY OF STATE TALLAHASSEE FLOTIDA

DOCUMENT # N99000000599

1. Corporation Name

Camp Frontier, Inc.

2. Principal Office Address 18050 US Hwy 301 S		3. Mailing Office Address PO BOX 2555		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State Riverview, FL		
Zip 33598	Country	Zip 3356 8	Country USA	

REINSTATEMEN	03-04
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900028789829 02/16/04--01028--007 **131.25

4. Date Incorporated or Qualified To Do Business in Florida February 1, 1999		
5. FEI Number	e	Applied For
522153398		Not Applicable
6. CERTIFICATE OF STATUS DESIRED		ditional Fee require

USA	3330	USA	52.11.10.11.20.10.10.10.10.10.10.10.10.10.10.10.10.10	for a Certificate
<u>.</u>	7. Name	and Address of Current I	Registered Agent	
Name Brian Collar				
Street Address (P.O. Box Numb	per is Not Acceptable)	249 McMullen R	Rd .	
Suite, Apt. #, Etc.				
City Riverview			State Zip Code FL 33569	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						
	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each					
Titles	Officers and/or Directors	Officer and/or Director	City / State / Zip			
D	Brian Collar	11249 McMullen Rd	Riverview, FL 33569			
D	Sandra Narron	11534 Lowe Road	Largo, FL 33774			
D	Dianne Collar	11249 McMullen Rd	Riverview, FL 33569			

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 pames of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

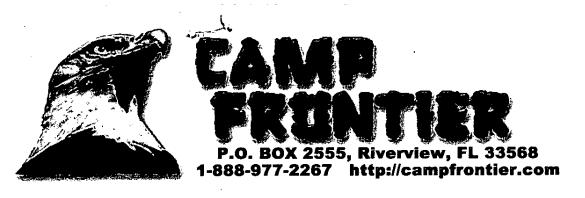
1/14/04

1-888-977-2267

Date

Daytime Phone #

CR2E081 (10/02)



February 3, 2004

Department of State Div Of Corporations PO BOX 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am requesting that the late fee and reinstatement fee be waved as I was not sent the necessary paperwork.

Please note that all future forms should be sent to PO BOX 2555, Riverview, FL 33568.

Thank you:

Brian Collar