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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P00000079979			
1. Entity Name FRONDOSO CORP.			
Principal Place of Business 201 SOUTH BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131		Mailing Address 201 SOUTH BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131	
2. Principal Place of Business 19950 W. Country Club Dr. Suite, Apt. #, etc. Suite #900		3. Mailing Address 19950 W. Country Club Dr. Suite, Apt. #, etc. Suite #900	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Zip 33180	
Country USA		Country USA	
4. FEI Number 65-1081318		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZAMORA, ANTONIO R ESQ. 201 SOUTH BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name QT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL 33324	
8. The above named entity submits this statement in support of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Peter F. Souza Assistant Secretary		1/24/07	
FILING FEE: \$750.00 After January 1, 2007, Fee will be \$800.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CABABIE, ABRAHAM 19950 WEST COUNTRY CLUB DRIVE, STE 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMORA, ANTONIO 201 SOUTH BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee of the corporation; that this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change if not so designated.			
SIGNATURE: Jacob Cababie		01/15/2007	

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K. Eckel JAN 24 2007

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

FRONDOSO CORP.

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