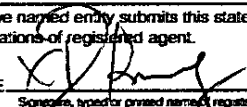


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

P03000031168					
<b>1. Entity Name</b> FRONTIER R&B CORPORATION					
<b>Principal Place of Business</b> 50 SW 59 COURT MIAMI, FL 33144			<b>Mailing Address</b> 50 SW 59 COURT MIAMI, FL 33144		
<b>2. Principal Place of Business</b> 15715 S. DIXIE HWY Suite, Apt. #, etc. - 310 - City & State MIAMI FL. Zip 33157 Country U.S.A			<b>3. Mailing Address</b> 15715 S. DIXIE HWY Suite, Apt. #, etc. - 310 - City & State MIAMI Zip 33157 Country U.S.A		
<b>4. FEI Number</b> 68-0545701				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75					
<b>6. Name and Address of Current Registered Agent</b> BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose 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.</b> SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOS, RAFAEL 50 SW 59 COURT MIAMI, FL 33144	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as 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, with all other like empowered.</b>					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

FILED

SEP 29 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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