2005 FOR PROFIT CORPORATION REINSTATEMENT

P03000031168								
1. Entity Name FRONTIER R&B CORPORATION				FI	LED			
Thomas doing statement				יב כבס אי	n Bit o i i			
Principal Place of Business	Mailing Address			1	9 Pil 2: 41			
50 SW 59 COURT	50 SW 59 COURT		(ECRETAR	Cr Ot Silair			
MIAMI, FL 33144 MIAMI, FL 33144			Ī,	LLAHASS	CT OF STATE SEE, FLORIDA			
2. Principal Place of Business 15715 S. DIX: E HWX 15715 S. DIX:			٠٠. ١٨. ٢٠٠					
			i E Hwy	09282005				
- 3/0 -	770						1 1.	F 45.
City & State M. A.M.: FL.	City & State .		4. FEI Number 68-0545701				ofied For Applicable	
Zip Country	Zip	Country		5. Certificate of Status Desired \$8.		75		
33/57 U.S.A 8. Name and Address of Current R	edistered Agent	- 0 .	.s. A	7. Name and	Address of New Regis	stered Ager	rdi	-
BURGOS, RAFAEL 50 SW 59 COURT			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33144								
			City				Zio Code	
						<u>ru</u> l	•	
 The above named entry submits this statement for the obligations of registered agent. 	the purpose of changing its re	egistered	d office of registe	rea agent, or bo	om, in the State of Florida	e. Iamiami	MENT WHITH, E	апо ассері
SIGNATURE X								
Signed re, typed or privated name of registered agent an	d toe if applicable. (NOTE:	Registered	Agant signature requi	red when referriding	•	DATE		
FILE NOWIN FEE IS \$150.00					In accordance with	s. 607.19	3(2)(b), F	F.S., the
After January 1, 2006, Fee will be \$300.00	•				corporation did not	receive th	e prior n	otice.
10. OFFICERS AND D	IRECTORS	11.		ADDITIONS	/CHANGES TO OFFICE			
MAKE BURGOS, RAFAEL	C Detecte	TITLE	ĺ				Change	Addition
STREET ADDRESS 50 SW 59 COURT	50 SW 59 COURT STRE			5	000605	879	15	
CITY-SI-ZP MIAMI, FL 33144	1174111, 1 E 00 1-7-1		ST-ZP	10/1	13/0501067-		**150	
TITLE SAME	Delete IIII.					Ц	Change	☐ Addition
STREET ADDRESS	STR		T ADDRESS					
CIY-SI-ZP		_	ST-20P				· · · · · · · · · · · · · · · · · · ·	Charitan
TITLE MASKE	Oelete	TITLE				L	Change	☐ AddSion
STREET ADDRESS			T ADDRESS					
DIY-SI-ZP	m		ST-72P				Change	☐ AddStion
HRE HAME	CJ Delete	TITLE NAME	i			ı	Charles Se	
STREET ADDRESS		1	T ADDRESS					
CITY-ST-ZIP TRILE	Ociete	TITLE	ST-ZP			Г	Change	Addition
MAME		NAME				-		
STREET ADDRESS OTTY-ST-ZEP			T ADDRESS ST-20P					
TITLE	☐ Delete	TITLE					Change	Addition
MASE		NAME						
STREET ADDRESS TOTY-ST-ZP			T ADDRESS ST-ZIP					
12. Thereby certify that the information supplied with	this filing does not qualify for	the exen	nption stated in S	ection 119.07(3)	(i), Florida Statutes, i fu	ther certify	that the in	formation
indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an eddress, w	true and accurate and that my wered to execute this report a	ıy signatı as requir	ure shall have the	e same legal ette	ect as rimade under oan	n; mar Iam a	en omicer	or owrector
	ла са овън име ен ром енев.							a h l
SIGNATURE: SIGNATURE AND TYPED OR P	SHITED NAME OF SIGNING OFFICER O	na nasern	OR .		Dete	Dayton	ne Phone #	
The same of the sa	III							11 VV