

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

09 MAY -7 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500155622625  
05/07/09--D1011--025 \*\*308.75  
**REINSTATEMENT** 08-09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P 040000 98992

**1. Corporation Name**  
Three Frontiers Lumber Company

<b>2. Principal Office Address - No P.O. Box #</b> 14036 SW 90 AVE		<b>3. Mailing Office Address</b> 14036 SW 90 AVE	
Suite, Apt. #, etc. # AA202		Suite, Apt. #, etc. # AA202	
City & State Miami FL		City & State Miami FL	
Zip 33176	Country	Zip 33176	Country

**4. Date incorporated or Qualified To Do Business in Florida** 6/29/04

**5. FEI Number** 71-1030373

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Isabel C. Sanchez

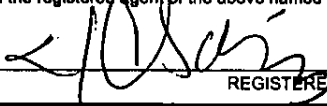
Street Address (P.O. Box Number is Not Acceptable): 14036 S.W. 90 AVE

Suite, Apt. #, Etc.: # AA202

City: Miami State: FL Zip Code: 33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

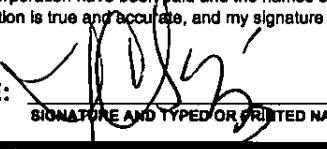
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 4/30/09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, VP, ST	Isabel C Sanchez.	14036 SW. 90 AVE APT AA202	Miami FL 33176

**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 names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:**  Isabel C. Sanchez. Date: 4/30/09 Daytime Phone #: 305-505-1177