


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000014786			
1. Entity Name NEW FRONTIERS, INC.			
Principal Place of Business 2026 APPLGATE DRIVE OCOE, FL 34761		Mailing Address 2026 APPLGATE DRIVE OCOE, FL 34761	
2. Principal Place of Business		3. Mailing Address P.O. Box 1205	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ocoee FL	
Zip	Country	Zip 34761	Country USA
4. FEI Number 20-2242629		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE FATT, PHILLIP A 2026 APPLGATE DRIVE OCOE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE <u>Phillip A. Lee FATT</u> <u>Phillip A. Lee Fatt</u> 10-11-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEE FATT, PHILLIP A 2026 APPLGATE DRIVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080932283 10/18/06--01004--012 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE FATT, KAREN L 2026 APPLGATE DRIVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
SIGNATURE: <u>Phillip A. Lee Fatt</u> <u>Phillip A. Lee Fatt</u> 10-11-06 (21)239-2486 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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