2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000014786 LEBYNATION NEW FRONTIERS, INC. Mailing Address 2026 APPLEATE DRINK OOKE, IL M/161 Z. Pincipal Place of Business Suse, April, etc. Suite, a	REINSTATEMENT					FILED			
Principal Prace of Business 2026 APPLEATE DRIVE COCE, FL 34761 2. Frincipal Prace of Business Sulle, April # 662. Sulle, April # 662.	1. Entity Name					2006 DCT 17 PM 4:21			
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S. Name and Address of Current Registered Agent S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of N	Suite, Apt. #, etc.				l				
EE FATT. PHILLIP A 2026 APPLECATE DRIVE COV FL Zig Code In the above named entity submiss this statement for the purpose of changing its registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the obligations of registered agent, or bodf, in the State of Florids, I am familiar with, and accept the purpose of registered agent, or bodf, in the State of Florids and accept the purpose of registered agent, or bodf, in the state of Florids and accept the purpose of Florids and accept th			UZBEE PL		1. FEI Number 20-2242629		φplicable		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Co	2026 APPLEGATE DRIVE			Sti	treet Address (I	ess (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or byfl. in the State of Florida. I am familiar with, and accept the obligations of registered agent. 10 - 1 - 0 k				Ci	ity		Zip Code		
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