


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 2:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080112**

1. Corporation Name
FRONTIER MARINE, INC.

Principal Place of Business	Mailing Address
412 SE 17TH ST FT LAUDERDALE FL 33316 US	% ACCOUNTING & BUSINESS CONSULTANTS INC 17 TOSE DR FT LAUDERDALE FL 33316 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
Country	Country

REINSTATEMENT

2001

Date Incorporated or Qualified To Do Business in Florida	11/19/1993
5. FEI Number	Applied For
65-0450672	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUIZ, NICOLAS	412 SE 17TH ST	FT LAUDERDALE FL 33316

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 -12/11/01--01072--026
 ***750.00 ***750.00

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RUIZ, NICOLAS C/O RICHAMN MARINE 412 SE 17TH STREET FT LAUDERDALE FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Nicolas Ruiz* Date Nov. 8th, 2001
 REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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: *Nicolas Ruiz* Date Nov. 8th, 2001 (561) 818-0808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)