

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA6000035934 1. Corporation Name FRONTIER INTERNATIONAL BUSINESS GROUP, INC. Formerly known as FRONTIER INTERNATIONAL MARKETING GROUP, INC.		4. Date Incorporated or Qualified To Do Business in Florida 04/24/1996	
Principal Place of Business Mailing Address 5189 NW 105TH CT MIAMI, FLORIDA 33178		5. FEI Number 65-066-4202	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
2. New Principal Office Address, If Applicable 5189 NW 105TH CT		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State	
Zip Country 33178 U.S.A.		Zip Country	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President DIRECTOR	CARLOS REYES, JR.	5189 NW 105TH CT	MIAMI, FL 33178
			500002914955--1 -06/24/99--01101--011 ***1050.00 ***1050.00
8. Name and Address of Current Registered Agent CARLOS REYES, Jr. 2315 NW 107th AVENUE Box 15 MIAMI, FLORIDA 33172		9. Name and Address of New Registered Agent Name WARREN P. GAMMILL Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE Suite, Apt. #, Etc. 1700 Suite 1700 City MIAMI State FL Zip Code 33131	
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 <i>Warren P. Gammill</i> REGISTERED AGENT MUST SIGN		Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(j), 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: <i>Carlos Reyes Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT.		Date June 10, 1999 Sept 8, 1998 (305) 597-9888 Date, type Phone #	

FILED
 JUN 14 PM 3:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CPR2040 (1/98)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Frontier International
 Marketing Group, Inc

File ~~2nd~~

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- Annual Report / Reinstatement
- ___ Cert. Copy
- Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

FILED
 99 JUN 14 PM 3:16
 TALLAHASSEE, FLORIDA
 RECEIVED
 99 JUN 14 PM 10:57
 OFFICE OF REGISTRATIONS
 TALLAHASSEE, FLORIDA

Signature _____

Requested by: ces 6/14 10:20
 Name Date Time

Walk-In _____ Will Pick Up _____