PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900027634659
03/15/04--01033--008 **150.00

DOCUMENT # P97000080788

REINSTATEMENT 03-04

1. Corporation Name

FRONTIER ATLANTIC INVESTMENTS INC.

2. Principal Office Address	3. Mailing Office Address
2542 LAKE DEBRA DR	SAME
Suite, Apt. #, etc.: 18 - 102	Suite, Apt. #, etc.:
City & State: ORLANDO FL	City & State:
Zip: 32835 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/1997

5. FEI Number: 65-078-2290 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

900027634659
01/27/04--01007--004 **75.75

Name: NIGEL EVANS

Street Address (P.O. Box Number is Not Acceptable): 2542 LAKE DEBRA DRIVE

Suite, Apt. #, Etc.: 18 - 102

City: ORLANDO State: FL Zip Code: 32835

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: 1.20.04

CR2E081 (10/02)

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
D	NIGEL EVANS	2542 LAKE DEBRA DR 18 - 102	ORLANDO FL 32835

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 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: _____ 1.20.04 407 493 6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #