

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000080788 1. Entity Name FRONTIER ATLANTIC INVESTMENTS, INC.			
Principal Place of Business 2542 LAKE DEBRA DR 18-102 ORLANDO, FL 32835 US		Mailing Address 2542 LAKE DEBRA DR 18-102 ORLANDO, FL 32835 US	
2. Principal Place of Business 250 LOMBARDY AVE		3. Mailing Address 250 LOMBARDY AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL	
Zip 33308		Zip 33308	
Country 		Country 	
4. FEI Number 65-0782290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, NIGEL 2542 LAKE DEBRA DR 18-102 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name NIGEL EVANS Street Address (P.O. Box Number is Not Acceptable) 250 LOMBARDY AVE City FORT LAUDERDALE FL Zip Code 33308	
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 DATE 1.20.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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 D NAME EVANS, NIGEL STREET ADDRESS 2542 LAKE DEBRA DR 18-102 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE D NAME EVANS, NIGEL STREET ADDRESS 250 LOMBARDY AVENUE CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		1.20.06 (407) 4936394	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	