PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAY 30 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031731

1. Corporation Name
FRONTIER CONCEPTS INC

Principal Place of Business	Mailing Address
2000 NE 135 ST STE 708 NORTH MIAMI, FL 33181	2000 NE 135 ST STE. 708 NORTH MIAMI, FL 33181

REINSTATEMENT 99-00

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
7051 WEST COMMERCIAL BLVD	7051 WEST COMMERCIAL BLVD
Suite, Apt. #, etc. STE 3-C	Suite, Apt. #, etc. STE 3-C
City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33319 Country U.S.	Zip 33319 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 4-98

5. FEI Number 65-0827710 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	GEORGE KUNKEL	8461 N.W. 8th STREET	Pembroke Pines, FL 33024

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****308.75 ****308.75

8. Name and Address of Current Registered Agent

Ameri Lawyer
343 ALMERIA AVE
Coral GABLES, FL
33134

9. Name and Address of New Registered Agent

Name GEORGE KUNKEL
Street Address (P.O. Box Number is Not Acceptable) 7051 WEST COMMERCIAL BLVD.
Suite, Apt. #, Etc. STE 3-C
City TAMARAC State FL Zip Code 33319

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 GK Kunkel Date 5-26-00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (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)(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: GK Kunkel 5-26-00 888-550-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #