PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -3 AM 9:40

DOCUMENT # P990000 49095

1. Corporation Name

FRONTIER CAPITAL, INC

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
3112 W. Kennedy Blvd	3112 W Kennedy Blvd
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: DECEMBER 31, 1999

5. FEI Number: 593583847 ☐ 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

Name: MARIO QUIROZ

300004009253--5
-04/16/01--01007--009
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 8621 S. LUCAYA WAY

Suite, Apt. #, Etc.:

City: TEMPLE TERRACE State: FL Zip Code: 33637

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: Mario Quiroz — REGISTERED AGENT MUST SIGN

Date: 03/26/01

CR2E081 (9/00)

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
P/D	MARIO QUIROZ	13400 HARBOR ISLE DR	TEMPLE TERRACE FL 33637
D	Rodolfo BRESSI	4711 S. Himes Ave #112	TAMPA FL 33611
D	CRISTINA DALLMAN	5407 BRAT-will	TAMPA FL 33624
D	GUILLERMO QUIROZ	4711 S. HIMES AVE # 1510	TAMPA FL 33611
D	Ray Serrano	12532-Rivergate Dr	Riverview FL 33569

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: MARIO QUIROZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/01 — Date

813-293-9695 cell.
813841-6600 off — Daytime Phone #