2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000049095

Entity Name: FRONTIER CAPITAL, INC.

FILED Oct 04, 2005 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

6102 S FAULKENBURG ROAD 601 S FAULKENBURG ROAD

1403 1403

TAMPA, FL 33619 TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

6102 S FAULKENBURG ROAD 601 S FAULKENBURG ROAD

1403 TAMPA, FL 33619 TAMPA, FL 33619

FEI Number: 59-3583847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUIROZ, MARIO
406 APACHE LANE
TAMPA, FL 33584 US
LARCOM, SUSAN
601 S. FALKENBURG RD.
2-4
TAMPA, FL 33619 US

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.

SIGNATURE: SUSAN LARCOM 10/04/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PM
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 QUIROZ, MARIO
 Name:
 QUIROZ, MARIO

 Address:
 406 APACHE LANE
 Address:
 406 APACHE LANE

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:
 SEFFNER, FL 33584

 Title:
 D
 (X) Delete
 Title:

 Name:
 QUIROZ, MARIO
 Name:

 Address:
 406 APACHE LANE
 Address:

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO QUIROZ D 10/04/2005

() Change () Addition