

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 AM 7:06

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

~~DOCUMENT~~
2006 AR

DOCUMENT # P05000016665

1. Corporation Name

FRONT LINE STRATEGIES, INC.

700065563547
02/10/06--01006--020 **150.00

CR2E081 (12/05)

2. Principal Office Address 522 E. PARK AVE.		3. Mailing Office Address P.O. BOX 1491	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32301	Country USA	Zip 32302	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/02/2005	
5. FEI Number 20-2263663	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name IRIS DOSTER	
Street Address (R.O. Box Number is Not Acceptable) 988 MARYS DRIVE	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State Zip Code FL 32308

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: *Iris Doster* Date: 01/23/06

REGISTERED AGENT MUST SIGN

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	BRETT DOSTER	PO BOX 1491	TALLAHASSEE, FL 32302
S	IRIS DOSTER	PO BOX 1491	TALLAHASSEE, FL 32302

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 contained in Chapter 119, 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: *[Signature]* Date: 1/23/2006 Daytime Phone #: CP501 491-2056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR