

F96000005647

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Frontier Village, Ltd.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W76-21180 P-116
700001965957
-10/04/98--01117--001
*****70.00 *****70.00

Dr. James F. Lyons
(Name of Person)

Frontier Village, Ltd.
(Firm/Company)

P.O. Box 6588
(Address)

Surfside, FL 33154
(City/State/Zip)

41000150074-7
-10/04/98--01117--001
***1061.25 ***1061.25

96 OCT 31 AM 11:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
25

Should you need to call someone concerning this matter, please call:

Gladys Figueroa at (305) 868-1188
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



COPY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 8, 1996

DR. JAMES F LYONS
FRONTIER VILLAGE, LTD.
PO BOX 6588
SURFSIDE, FL 33154

SUBJECT: FRONTIER VILLAGE, LTD.
Ref. Number: W96000021180

We have received your document for FRONTIER VILLAGE, LTD. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$1061.25.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 896A00045726

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. Frontier Village Company, Ltd
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. North Carolina 3. 56-1188311
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 30, 1978 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 1990
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. P.O. Box 6588
Surfside, FL 33154
(Current mailing address)

8. Any lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Irma Baker Lyons

Office Address: 1111 Kane Councourse, Suite 609

Bay Harbor Islands, Florida, 33154
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Irma Baker Lyons
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

98 OCT 31 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: James F. Lyons, Trustee U/I 3/27/94

Address: 1111 Kane Concourse, Suite 609

Bay Harbor Islands, FL 33154

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: James F. Lyons, Trustee U/I 3/27/94

Address: 1111 Kane Concourse, Suite 609

Bay Harbor Islands, FL 33154

Vice President: _____

Address: _____

Secretary: James F. Lyons

Address: 1111 Kane Concourse, Suite 609

Bay Harbor Islands, FL 33154

Treasurer: James F. Lyons


Address: 1111 Kane Concourse, Suite 609

Bay Harbor Islands, FL 33154

96 OCT 31 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James F. Lyons, Trustee, President
(Typed or printed name and capacity of person signing application)

STATE OF NORTH CAROLINA



Department of The
Secretary of State

FILED
96 OCT 1 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

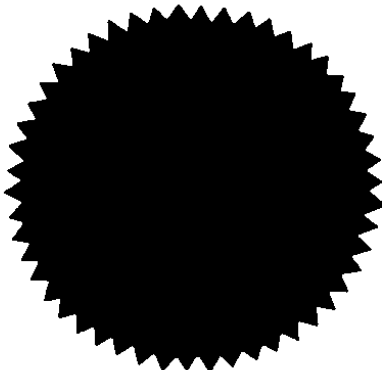
I, **JANICE H. FAULKNER**, Secretary of State of the State of North Carolina, do hereby certify that

FRONTIER VILLAGE, LTD.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of August, 1977, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of September, 1996.



Janice H. Faulkner
Secretary of State