P96000049926

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

600001861506
-06/13/96--01055--003
****131.25 ****131.25

SUBJECT: New Horizons Seminars at Sea, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☒ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FILED
96 JUN 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Paul E. Franklin
Name (printed or typed)

995 S.R. 434 North Suite 2720
Address

Altamonte Springs, Florida 32714
City, State & Zip

(407) 682-1474
Daytime Telephone number

JUN 11 1996 BSB

NOTE: Please provide the original and one copy of the articles.

6/12/96

ARTICLES OF INCORPORATION

FILED
96 JUN 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

New Horizons Seminars at Sea, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

995 S.R. 434 North Suite 2720
Altamonte Springs, Florida 32714

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul E. Franklin
995 S.R. 434 North Suite 2720
Altamonte Springs, Florida 32714

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Paul E. Franklin
995 S.R. 434 North Suite 2720
Altamonte Springs, Florida 32714

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6 day of June , 1996 .

(An additional article must be added if an effective date is requested.)

P. Franklin
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: New Horizons Seminars at Sea, Inc.

2. The name and address of the registered agent and office is:

Paul E. Franklin
(NAME)

995 S.R. 434 North Suite 2720
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Altamonte Springs, Florida 32714
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

P. E. Franklin
(SIGNATURE)

June 6, 1996
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P96000049926

FILED
96 MAR 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049926

1. Corporation Name
FRONTIER RESOURCES, INC.

Principal Place of Business	Mailing Address
~~88005 OVERSEAS HWY~~ ~~-STE 15-~~ ~~-ISLAMORADA FL 33036~~ ~~US~~	PO BOX 253 TAVERNIER FL 33070 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3-19 DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc. 88887 Old Overseas Hwy.	Suite, Apt. #, etc.
City & State Tavernier, Florida 33070	City & State
Zip: 33070 Country: U.S.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/1993

5. FEI Number: 65-0428282 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~D~~	~~LAMAYA, EMILIO R~~	~~88540 OVERSEAS HWY~~	~~TAVERNIER FL~~
P	IGNACIO, JOSEPH CHRISTOPHER	88887 Old Overseas Hwy.	Tavernier, FL 33070
V	Ignacio Amelia	" "	" "
S	Sol, Caesar	" "	" "
			4900001776414 -04/11/96--01037--004 ****583.75 ****583.75

REINSTATEMENT 95-96 FWT CWS

8. Name and Address of Current Registered Agent

COSTANZO, SARINO R
1 SE 3RD AVE.
SUITE 2150
MIAMI FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (6/95)

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 _____ Date January 24, 1996
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Joseph Christopher A. Ignacio January 15, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

252-0506
(305)664-0512
Daytime Phone #

0072245 FP