


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000002839

1. Entity Name
INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT 13 AM 11:41

Principal Place of Business
850 NE 3RD STREET
SUITE 208
DANIA BEACH, FL 33004

Mailing Address
850 NE 3RD STREET
SUITE 208
DANIA BEACH, FL 33004

REINSTATEMENT 04

2. Principal Place of Business
4700 N. HIATUS ROAD

3. Mailing Address
151 N. HIATUS ROAD

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
213

City & State
SUNRISE, FLORIDA

City & State
PLANTATION, FLORIDA

Zip
33351

Country
USA

Zip
33324

Country
USA



0112004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3350894

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODEN, MARILYN
850 NE 3RD STREET, SUITE 208
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4700 N. HIATUS ROAD
Suite # 201
City
SUNRISE FL Zip Code
33307

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Roden* DATE *10/11/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, RUSSELL M			NAME			
STREET ADDRESS	850 NE 3RD STREET			STREET ADDRESS	<i>151 N. DUB HILL ROAD #213</i>		
CITY-ST-ZIP	DANIA BEACH, FL 33004			CITY-ST-ZIP	<i>PLANTATION, FL 33324</i>		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, JANE E			NAME			
STREET ADDRESS	850 NE 3RD ST			STREET ADDRESS	<i>151 N. DUB HILL ROAD #213</i>		
CITY-ST-ZIP	DANIA BEACH, FL 33004			CITY-ST-ZIP	<i>PLANTATION, FL 33324</i>		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, MERRITT F			NAME			
STREET ADDRESS	850 NE 3RD ST., STE. 208			STREET ADDRESS	<i>151 N. DUB HILL ROAD #213</i>		
CITY-ST-ZIP	DANIA BEACH, FL 33004			CITY-ST-ZIP	<i>PLANTATION, FL 33324</i>		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODEN, MARILYN			NAME			
STREET ADDRESS	850 NE 3RD ST., STE. 208			STREET ADDRESS	<i>4700 N. HIATUS ROAD Suite 201</i>		
CITY-ST-ZIP	DANIA BEACH, FL 33004			CITY-ST-ZIP	<i>SUNRISE, FL 33357</i>		
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS	<i>700041949357</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>10/18/04--01088--006 **70.00</i>		
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Roden* DATE: *10/11/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.
HIATUS COMMERCE CENTER
4700 NORTH HIATUS ROAD – SUITE 201
SUNRISE, FLORIDA 33351
TELE: 954-742-6110 FAX #: 954-742-6130
Email: charitylawoffice@aol.com

October 11, 2004

Ms. Eula, Reinstatement Section
409 E. Gaines Street
Tallahassee, Florida 32399

Re: International Marine Research Institute, Inc. – Document #N97000001922

Dear Ms. Eula:

As per our conversation today here is the reinstatement form filled out and all changes made.

I would appreciate it if you would speak to your supervisors regarding the fee of \$236.00. I fell this fee should not be charged to me since I did not receive prior notice that my renewal was due, however I am sending a check for \$70.00 to cover reinstatement and copy of certificate.

If you need further information you can contact me at 954-742-6110. Thanking you in advance for your help.

Sincerely,


Marilyn Roden, Secretary
For International Marine Research Institute, Inc.