

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 SEP 13 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730236

1. Corporation Name
INSTITUTE FOR MARINE SCIENCES, INC

Principal Place of Business Mailing Address

REINSTATEMENT 82-99

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

2. New Principal Office Address, If Applicable 2810 CARLETON ST. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 200 SE 18th Ct. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/18/74	
City & State SAN DIEGO, CALIF		City & State FT. LAUDERDALE, FL		5. FEI Number 23-7391628	
Zip 92106		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SB 75-411 (Repealed)</small>	
Zip 33316		Country USA		Not Applicable	

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	MICHAEL M. TOBIN	1099 FORCE DE LEON BVD	CORAL GABLES, FL 33134
D	JOHN M. THOMSON	370 MINORCA AVE	CORAL GABLES, FL 33134
D	ESPERONZA BERNINSON	3900 GAULT OCEAN DR. APARTMENT 305	FORT LAUDERDALE, FL 33308
			500002989235-8 -09/16/99-01071--001 ***1277.50 ***1277.50

8. Name and Address of Current Registered Agent John M. THOMSON 2600 DOUGLAS RD. - SUITE 804 CORAL GABLES, FLORIDA 33134 (REMOVE)		9. Name and Address of New Registered Agent Name: Richard Tobin Street Address (P.O. Box Number is Not Acceptable): 200 SE 18th Ct. Suite, Apt. #, Etc. City: Ft. LAUDERDALE State: FL Zip Code: 33316	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: 9/1/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 807.0401 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 under section 119.07(3)(i), 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: *Michael M. Tobin* 9/1/99 (305) 445-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)