

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 746765

1. Corporation Name

INSTITUTE OF MARINE SCIENCE, INC.

FILED

00 DEC -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4332 E. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308
US

4332 E. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308
US

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

2. New Principal Office Address, If Applicable

3499 N DIXIE HY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 7005

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33334

Country

USA

City & State

FT. LAUD. FL

Zip

33338

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1979

5. FEI Number

59-1906182

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STOCKALL, DANIEL L	1107 CARI PL	DELAND FL 32720
VPD	DIGGINS, DAVID	4431 E. TRADEWINDS AVE.	LAUDERDALE BY THE SEA FL
VPD	AMIGO, GLADYS	279 WINDING WAY	SAN FRANCISCO CA 94112
SD	FRED KRAFT	25871 JEFFERSON	DETROIT, MI 48081
			500003509385--0 -12/20/00--01086--023 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

IANNACCONE, JAMES T.
315 S.E. 7TH STREET, 2ND FLOOR
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
James T. Iannaccone
Street Address (P.O. Box Number is Not Acceptable)
800 East Broward Blvd.,
Suite, Apt. #, Etc.
Suite 510
City
Fort Lauderdale
State
FL
Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date 10/25/00

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L. STOCKALL

10/25/00 954-563-1018

Date

Daytime Phone #

KE