

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 2:16

DOCUMENT # **M71569**

1. Corporation Name

**INTERNATIONAL MARITIME RESOURCES, INC.**

Principal Place of Business

1759 BAY RD.  
P.O. BOX 1652  
MIAMI BEACH FL 33139

Mailing Address

1759 BAY RD.  
P.O. BOX 1652  
MIAMI BEACH FL 33139



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/1988

5. FEI Number

65-0036924

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	4 City / State / Zip
PD	BURKE, MICHAEL D.	1759 BAY RD.	MIAMI BEACH FL

600003460086--0  
-11/13/00--01005--012  
\*\*\*\*750.00 \*\*\*\*750.00

pr u/7

8. Name and Address of Current Registered Agent

KELLER, JOHN  
200 SOUTH BISCAYNE BLVD.  
SUITE 3460  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

MICHAEL D. BURKE

Street Address (P.O. Box Number is Not Acceptable)

1759 BAY ROAD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/24/00

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

305 534  
5426

CR2ED40 (9/00)