

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001619

FILED
Oct 23, 2006
Secretary of State

Entity Name: THE INSTITUTE OF MARINE ARCHAEOLOGICAL CONSERVATION, INC.

Current Principal Place of Business:

200 GREENE ST.
KEY WEST, FL

New Principal Place of Business:

24 CALLE UNO I I I I KEY WEST
KEY WEST, FL 33040 US

Current Mailing Address:

200 GREENE ST.
KEY WEST, FL

New Mailing Address:

24 CALLE UNO I I I I KEY WEST
KEY WEST, FL 33040 US

FEI Number: 65-1086147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLYNE, PAT
200 GREENE STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

CLYNE, PATRICK J D
24 CALLE UNO I I I I KEY WEST
KEY WEST, FL 33040 US

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.

SIGNATURE: PATRICK CLYNE

10/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLYNE, PATRICK J
Address: 200 GREENE ST.
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: LEWIS, A. EUGENE
Address: 216 W. COLLEGE AVE., STE. 201
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ABT, TAFFI FISH
Address: 1322 U.S. HWY. 1
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: SINCLAIR, JIM
Address: 15 MARLIN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLYNE, PATRICK J
Address: 24 CALLE UNO
City-St-Zip: KEY WEST, FL 33040 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ABT, TAFFI FISHER-
Address: 1322 U.S. HWY. 1
City-St-Zip: SEBASTIAN, FL 32958

Title: D (X) Change () Addition
Name: SINCLAIR, JAMES
Address: 15 MARLIN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT CLYNE

D

10/23/2006

Electronic Signature of Signing Officer or Director

Date