

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005838

FILED  
Jun 04, 2008  
Secretary of State

**Entity Name:** INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS Y DEL AMBIENTE, INC.

**Current Principal Place of Business:**

8101 SW 72 AVE.  
SUITE 420 W  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8101 SW 72 AVE.  
MIAMI, FL 331435

**New Mailing Address:**

**FEI Number:** 65-1045432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARDENAS, HERNANDO  
8101 SW 72 AVE.  
MIAMI, FL 33143      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: HERNANDO CARDENAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CARDENAS, HERNANDO  
Address: 8101 SW 72 AVE. SUITE 420 W  
City-St-Zip: MIAMI, FL 33143

Title: VP      ( ) Delete  
Name: TORRES, BERTA  
Address: 6707 N KENDALL DR.  
City-St-Zip: MIAMI, FL 33156

Title: T      ( ) Delete  
Name: GONZALEZ, MANUEL  
Address: 13770 SW 30 ST.  
City-St-Zip: MIAMI, FL 33143

Title: BM      ( ) Delete  
Name: CRIALES, MARIA M  
Address: 4600 RICKENBACKER CSWY  
City-St-Zip: MIAMI, FL 33149

Title: BM      ( ) Delete  
Name: CANTILLO, ADRIANA  
Address: 1305 EAST-WEST HWY  
City-St-Zip: SILVER SPRING, MD 20910

Title: BM      ( ) Delete  
Name: ARAUJO, RAFAEL  
Address: 4600 RICKENBACKER CSWY  
City-St-Zip: MIAMI, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HERNANDO CARDENAS

MR

06/04/2008

Electronic Signature of Signing Officer or Director

Date