

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000098

FILED
Oct 06, 2009
Secretary of State

Entity Name: SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH, INC.

Current Principal Place of Business:

526 WEST LEE ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

PO BOX 13512
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-3185783 **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:

FRANKLIN, MARIANNE
526 WEST LEE ST
PENSACOLA, FL 32501 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: MARIANNE FRANKLIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WEINSTEIN, ERI
Address: 6815 JOYSE ST.
City-St-Zip: AUSTIN, TE 78757

Title: DV () Delete
Name: RODERICK, MATHER
Address: UNIVERSITY OF RHODE ISLAND
City-St-Zip: KINGSTON, RI 02881

Title: DP () Delete
Name: FRANKLIN, MARIANNE
Address: 526 W. LEE ST.
City-St-Zip: PENSACOLA, FL 32501

Title: DT () Delete
Name: CARLSON, BETSY
Address: PO BOX 13512
City-St-Zip: PENSACOLA, FL 32591

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:

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: MARIANNE FRANKLIN

DP

10/06/2009

Electronic Signature of Signing Officer or Director

Date