
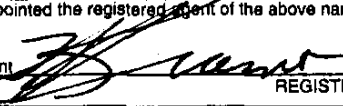
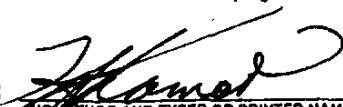


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N9500002043</b>		<b>FILED</b>	
1. Corporation Name <b>INSTITUTE SUPPORTING MARINE YOUTH TRAINING AND ACTIVITIES INC</b>		97 FEB 14 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>249 MAIN STREET</b>		3. New Mailing Office Address, If Applicable <b>249 MAIN STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DUNEDIN FL</b>		City & State <b>DUNEDIN FL</b>	
Zip <b>34698</b>	Country <b>USA</b>	Zip <b>34698</b>	Country
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number	
		Applied For <input checked="" type="checkbox"/> 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BILL KRAMER	600 KINGSTON CT APOLLO BEACH FL 33572	APOLLO BEACH FL 33572
D	FRED OPPLIGER	5858 LTM AVE SOUTH	ST PETERSBURG FL 33707
D	CHARLES KLEIN	2045 JEFFERSON AVE	DUNEDIN FL 34698
<del>688882889986-2</del> -02/17/97--01157--007 ****237.50 ****237.50			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>BILL KRAMER</b> <b>600 KINGSTON CT</b> <b>APOLLO BEACH FL 33572</b>		Name <b>BILL KRAMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 KINGSTON CT</b> Suite, Apt. #, Etc. City <b>APOLLO BEACH</b>	
		State	Zip Code
		<b>FL</b>	<b>33572</b>
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 		Date <b>2/12/97</b>	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		<b>BILL KRAMER Pres.</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2/12/97</b>	Daytime Phone # <b>813-645-7186</b>

REINSTATEMENT



*mwb*

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