

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAK 182

CORPORATION
REINSTATEMENT



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB -7 PM 12:33

DOCUMENT # *N95000002043*

1. Corporation Name

*Institute Supporting Marine
Youth Training and Activities Inc
W02000000544*

2. Principal Office Address

600 Kingston Ct

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach FL

City & State

Same

Zip Country

33572 US

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-95

5. FEI Number

59-3315388

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100004926601--7
-02/14/02--01065--009
****253.75 ****253.75

7. Name and Address of Current Registered Agent

Name

William Kramer

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

600 Kingston Ct

Suite, Apt. #, Etc.

City

Apollo Beach

State
FL

Zip Code

33572

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date *Dec 12, 2001*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Director</i>	<i>WILLIAM G KRAMER</i>	<i>600 Kingston Ct</i>	<i>APOLLO BEACH, FL 33572</i>
<i>SEC</i>	<i>SHARL CALLAHAN</i>	<i>6612 SEA BIRD WAY</i>	<i>APOLLO BEACH FL 33572</i>
<i>TREAS</i>	<i>EARL WEMPLE</i>	<i>10413 Sedgebrook Dr</i>	<i>RIVERVIEW, FL 33569</i>
<i>Director</i>	<i>FRED OPPLIGER</i>	<i>PO Box 13623</i>	<i>St Petersburg, FL 33733</i>
<i>Director</i>	<i>CHARLIE KLEIN</i>	<i>2045 JEFFERSON AVE</i>	<i>DUNEDIN, FL 34698</i>
<i>Director</i>	<i>JANA GOODWIN</i>	<i>967 13510 Garbis Dr</i>	<i>HUDSON FL 34667</i>

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date *Dec 12/01*

Date

Daytime Phone #

CR2E001 (9/00)

**Institute Supporting
Marine Youth
Training and
Activities Inc.**

Memo

To: Division of Corporations

From: Bill Kramer, Chairman

CC: File

Date: 2/5/2002

Re: Reinstatement Application

We would like to request the reinstatement of the corporation "Institute Supporting Marine Youth Training and Activities Inc." This corporation was active from 4-28-95 until 10-16-98 when the status was changed to inactive. The Uniform Business Report was mailed by the Division of Corporations but returned to those offices. For this reason the reinstatement fees will be waived.

Attached please find a completed Corporation Reinstatement Form. Also included is a check for \$253.75, which equals the report fees of \$61.25 for the four years the corporation was dissolved plus a fee of \$8.75 to receive a Certificate of Status mailed to us upon completion of processing our forms by the Division of Corporations. Another check was also included for \$61.25 for the filing fee for 2002 since the form was not filed before January 1, 2002.