


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000002839 1. Entity Name INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.					
Principal Place of Business 850 NE 3RD STREET SUITE 208 DANIA BEACH, FL 33004				Mailing Address 850 NE 3RD STREET SUITE 208 DANIA BEACH, FL 33004	
2. Principal Place of Business 4700 N. HIATUS ROAD Suite, Apt. #, etc. Suite 201 City & State SUNRISE, FLORIDA Zip 33351 Country USA				3. Mailing Address 151 N. HIATUS ROAD Suite, Apt. #, etc. # 213 City & State PLANTATION, FLORIDA Zip 33324 Country USA	
6. Name and Address of Current Registered Agent RODEN, MARILYN 850 NE 3RD STREET, SUITE 208 DANIA BEACH, FL 33004				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4700 N. HIATUS ROAD Suite # 201 City SUNRISE FL Zip Code 33357	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Marilyn Roden</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>10/11/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, RUSSELL M 850 NE 3RD STREET DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	151 N. DUB HILL ROAD #213 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, JANE E 850 NE 3RD ST DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	151 N. DUB HILL ROAD #213 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, MERRITT F 850 NE 3RD ST., STE. 208 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	151 N. DUB HILL ROAD #213 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODEN, MARILYN 850 NE 3RD ST., STE. 208 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4700 N. HIATUS ROAD Suite 201 SUNRISE, FL 33357	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700041949357 10/18/04--01088--006 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marilyn Roden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>10/11/04</u> <small>Daytime Phone #</small>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT 13 AM 11:41

REINSTATEMENT 04



0112004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3350894
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.

HIATUS COMMERCE CENTER

4700 NORTH HIATUS ROAD – SUITE 201

SUNRISE, FLORIDA 33351

TELE: 954-742-6110 FAX #: 954-742-6130

Email: charitylawoffice@aol.com

October 11, 2004

Ms. Eula, Reinstatement Section

409 E. Gaines Street

Tallahassee, Florida 32399

Re: International Marine Research Institute, Inc. – Document #N97000001922

Dear Ms. Eula:

As per our conversation today here is the reinstatement form filled out and all changes made.

I would appreciate it if you would speak to your supervisors regarding the fee of \$236.00. I felt this fee should not be charged to me since I did not receive prior notice that my renewal was due, however I am sending a check for \$70.00 to cover reinstatement and copy of certificate.

If you need further information you can contact me at 954-742-6110. Thanking you in advance for your help.

Sincerely,



Marilyn Roden, Secretary

For International Marine Research Institute, Inc.