PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 29 PM 7:07

DOCUMENT # N99000003778

1. Corporation Name

THE INSTITUTE FOR MARITIME INSURANCE STUDIES, I NC.

Principal Place of Business	Mailing Address
9600 KOGER BLVD..STE.225 ST.PETERSBURG FL 33702	9600 KOGER BLVD..STE.225 ST.PETERSBURG FL 33702

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

08-08.00 90006 024 $61.25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	P.O. Box 55485
City & State		City & State	ST PETERSBURG FL
Zip	Country	Zip	33732 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/17/1999

5. FEI Number: 59-3579681 ☐ Applied For ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GARDNER, ANDY	PRENTIS DONEGAN,6 ALIE STREET	LONDON EL 8DD
DP	GREENWAY, IAN	9600 KOGER BLVD.,STE.225	ST.PETERSBURG FL 33702
DV	HOUCK, MARK	200 SO. BISCAYNE BLVD.,STE.3460	MIAMI FL 33131
DST	WILTBERGER, CASS	100 CRESCENT CNTR.PKWY.,STE.1000	TUCKER GA 30084
D	LINDOW, PETER	141/142 FENCHURCH ST.,3RD. FL.	LONDON,EC3M 6QB
D	SWEENEY, GARY	2301 HWY.190 WEST	DERIDDER LA 70634

8. Name and Address of Current Registered Agent

GREENWAY, IAN R
9600 KOGER BLVD.,STE.225
ST.PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date: 10/31/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10/31/00 727-578-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000257B AE

LIG

November 27, 2000

Sean Toner
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: The Institute for Maritime Insurance Studies, Inc.
Ref Number N99000003778

Dear Mr. Toner,

Further to our telephone conversation of November 27, 2000, I have included the reinstatement form.

You have our original $61.25 deposited on August 4, 2000, and as we never received the August 8th correspondence from your office, I would ask that you please waive the additional $175.00 late filing fee.

If you have any questions, please do not hesitate to contact me.

Kind Regards,

Ian R. Greenway

LIG Marine Managers • LIG International Insurance • LIG Aviation Managers • LIG Educational & Consuting Services
9600 Koger Boulevard, Suite 225 St. Petersburg, Florida 33702
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