2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000066196

FILED Oct 06, 2004 Secretary of State

Entity Name: INTERNATIONAL MARITIME CONSULTANTS INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	PALOMINO DR. ICHES, FL 3333	0		
Current Mailing Address:		New Mailing Address:		
	PALOMINO DR. ICHES, FL 3333	0		
El Number	r:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:
	RICHARD			
S.W. RAN	PALOMINO DR. ICHES, FL 3333 e named entity su e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
S.W. RAN The above In the Stat	PALOMINO DR. ICHES, FL 3333 e named entity su e of Florida. RE:			d office or registered agent, or both, Date
S.W. RAN The above In the Stat SIGNATU	PALOMINO DR. ICHES, FL 3333 e named entity sure of Florida. RE: Electronic	ıbmits this statement for the _l	ent	
S.W. RAN The above the Stat SIGNATU accordar lection Ca	PALOMINO DR. ICHES, FL 3333 e named entity sure of Florida. RE: Electronic	bmits this statement for the position of Registered Ag 2)(b), F.S., the corporation did not recovered the corporation ().	ent ot receive the prior notice.	
S.W. RAN The above the Stat SIGNATU accordar lection Ca	PALOMINO DR. ICHES, FL 3333 e named entity sure of Florida. RE: Electronic nce with s. 607.193(mpaign Financing of Sand Director)	c Signature of Registered Ag 2)(b), F.S., the corporation did not record to the contribution (). ORS: Delete D. SR. IINO DR	ent ot receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HAGEN P 10/06/2004