FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUN 10 PM 2:37

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700181951187
06/10/10--01026--004 **150.00

700181951187
06/10/10--01026--005 **150.00

700181951187
06/10/10--01026--006 **150.00

CR2E031 (4/10)

DOCUMENT # P06000106005

1. Corporation Name

IAS Maritime Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9 SW 13th St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State:
Zip: 33315 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/15/2006

5. FEI Number: 20-5391527 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Tom Andrews

Street Address (P.O. Box Number is Not Acceptable): 9 SW 13th St

Suite, Apt. # Etc.:

City: Ft Lauderdale | State: FL | Zip Code: 33315

PROFIT CORPORATIONS ONLY

☒ The $500.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: _____ Date: 5/18/10

REGISTERED AGENT MUST SIGN

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
P	Ian Steuer	9 SW 13th St	Ft Lauderdale, FL 33315

B 6/11/10

REINSTATEMENT 08-10

10. E-mail Address: IANSTEUER@MAC.COM
(To be used for future annual report notification)

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.; that 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; that I shall certify 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: _____ 6/6/10

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