# 2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000007411

Entity Name: INSTITUTE OF CRUISE SHIP MEDICINE INC.

FILED Nov 02, 2020 Secretary of State 9416970023CR

## **Current Principal Place of Business:**

1041 NE 204TH TERRACE MIAMI, FL 33179

## **Current Mailing Address:**

1041 NE 204TH TERRACE MIAMI, FL 33179 US

FEI Number: 81-3425034 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILLIAMS, STEPHEN M 1041 NE 204TH TERRACE MIAMI, FL 33179 US

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.

SIGNATURE: STEPHEN M WILLIAMS 11/02/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PD Title TD

Name WILLIAMS, STEVE Name WILLIAMS, STEVE

Address 1041 NE 204TH TERRACE Address 1041 NE 204TH TERRACE

City-State-Zip: MIAMI FL 33179 City-State-Zip: MIAMI FL 33179

Title D

Name FIX, SHAUN

Address 1041 NE 204TH TERRACE

City-State-Zip: MIAMI FL 33179

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE WILLIAMS

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/CHAIR

11/02/2020

Date