

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 31 PM 4:21

W 030

DOCUMENT # **P96000058746**

1. Corporation Name

OMNIWAVE CORP.

Principal Place of Business

8009 OLA AVE.
 TAMPA FL 33604

Mailing Address

9615 W. WATERS AVE--100
 TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/11/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8009 OLA AVE

5. FEI Number

59-3389855

Applied For

Not Applicable

City & State

City & State

TAMPA FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33604 USA

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	STEVE R. TINSKY	8009 OLA AVE	TAMPA / FL / 33604
VP	SOJI FUJITA	4606 Glenside Circle	TAMPA / FL / 33624

900002336399--8
 -11/03/97--01107--013
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

TINSKY, STEVE
 8009 OLA AVE.
 TAMPA FL 33604

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

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

Steve R. Tinsky

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Steve R. Tinsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

813 930 8283

Daytime Phone #

CR2E040 (8/97)