

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

00 JUL -5 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001045

1. Corporation Name

WAVE FUTBOL CLUB, INC.

2. Principal Office Address

1077 E. Hwy. 98

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5438

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

U.S.

Zip

32540

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/98

5. FEI Number

59-3467330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-00**

**7. Name and Address of Current Registered Agent**

Name

David B. Pleat

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

4477 Legendary Drive, Suite 202

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/6/00

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
Pres	Jeffrey Brown	4529 Acadia Cove	Niceville, FL 32578
Manager	Justin Durst	824 N. Lakeside Drive	Destin, FL 32541
V.P.	Eric Burkes	1510 Mary Esther Blvd. #313A	Mary Esther, FL 32569
Treas	Tim Fulmer	439 Admiral Ct.	Destin, FL 32541
Sec	Kathy Pacheco	60 5th Avenue	Shalimar, FL 32579

10. 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:

Tim Fulmer, Treasurer/Director 6/6/00 (850) 837-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 001 1/1/00