

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1198000001045**

1. Corporation Name

Wave Futebol Club

REINSTATEMENT 03-04

200030065982
04/22/04--01060--009 **61.25

2. Principal Office Address

Post Office Box 236

3. Mailing Office Address

Post Office Box 236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin, FL

Zip

32540

Country

USA

Zip

32540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/98

5. FEI Number

59-5467330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Old Agent

7. Name and Address of Current Registered Agent

New Agent

Name

Pleat & Associates, P.A.

Greg D. Crosslin

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

4477 Legendary Drive

1234 Airport Rd, Ste. 100

Suite, Apt. #, Etc.

Suite 202

Destin, FL 32541

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.

New
Signature of
Registered Agent

[Signature]

Date 1/16/04

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
Pres	John Weekley	211 Dolphin Estates Circle	Destin, FL 32541
G.M.	Chris Coombs	1746 Osprey Cove	Niceville, FL 32578
Treasurer	Susan Rimsa	210 Misty Court	Destin, FL 32541

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

(850) 882-2298

Daytime Phone #

CR2E081 (10/02)

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