DI EASE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

DOCUMENT # 198 00000 1045 1. Corporation Name Wave Futebool Club REINSTALEMENT 07-02 2. Precipial Office Address	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 APR 23 PH 12: 40	
REINSTALEMENT 07-01 2 Principal Office Address		100001045	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Sulle, Apt. #, etc. Sulle, Apt. #, etc. 4. Date incorporated or Qualified 7 to 0 Business in Florida 2 20 98 City & State				-0
City & State Destrin FL Destrin PC Destrin City & State Destrin FL Destrin Country	Post Office Box &	134 lost Office Box 236	200030065982 04/22/0401060009 **61.25	5
Destin, FL Destin, FL Destin, FL Destin, FL Signature of Status Desired Say	· ·		4. Date Incorporated or Qualified 2 20 98	
OLD AGENT 7. Name and Address of Current Registered Agent New Agent 1 Name Pleat Associates P.A. Great Cross in Street Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Acceptable) Sulle, Apt. # IEC	Destin , FL		5. FEI Number Applied Applied Not Applied	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Destrin, FL-32541 Suite, Apt. #, Etc. City Destrin, FL-32541 Street Address of Each Officer of Ups above perfied corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Pate 1 Lb(D) REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer of Proctors Officers and/or Directors Officers a	32540 USA	3aS40 Country SA	6. CERTIFICATE OF STATUS DESIDED 1 \$8.75 Additional Fee	require
Street Address (P.O. Box Number is Not Acceptable) 44 77 Legendary Drive Suite, Apt. #, Etc. Suite, Apt. #, Etc. City Destrin 8. I. being appointed the registered agent of the above perfind corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Agent Registered Agent Registe		7. Name and Address of Current Re	gistered Agent New Agent	
Suite, Apt. #, Etc. City Destin State St	Meat ~	Associates, P.A.	Grey D. Crosslin	
8. I. being appointed fig registered agent of the above perfield corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Director City / State / Zip Name of Officers and/or Directors All Dol-phin Schakes-Cicke-Destin-FL-32541- G.M. Chris Coom S 1744 Osprey Cove Niceville, FL32578 Transv Susan Limson All Mistry (our to Destin Court Des	Suite, Apt. #, Etc.			
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1746 Os prey Cove Niceville, FL32578 2101301165382 13709/04-01029-020 **237.50 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 filling 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				
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