

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -8 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000006168

1. Corporation Name

Miguel Kaupert Inc.  
Rena Wave International

REINST. ENT 02-03

2. Principal Office Address

201 Crandon Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

201 Crandon Blvd.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

City & State

Key Biscayne, FL

Zip

33149

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

95-3685065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miguel Kaupert Inc.

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

201 Crandon Blvd.

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

Miguel Kaupert

Date 1/5/04

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
<u>owner</u>	<u>Miguel Kaupert</u>	<u>201 Crandon Blvd.</u>	<u>Key Biscayne, FL 33149</u>

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:

Miguel Kaupert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04

Daytime Phone #

305-365-0882

CR2001 (10/02)