STATE OF FLORIDA OFFICE OF ZHE COMPTROM ER APPLICATION FORTEFUND

Section 215.26, Florida State es, states in part. In pplications for rituites to provided in this section shall be filled with the Comptroller, except as of erwise provided have a thin 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as maning these years from the date of payment into the State treasury. The Comptrolle has dely gated be authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

EIN or SS#: 65-0278378

| Hallandale, Fla 33009 |
|--|
| Amount: \$87.50 Date Paid 3 21 97 |
| Reason for claim: Sent in the articles of amendment filing fee and decided not to |
| file document. Charter #K38743, NU WAVE INC./ Cmustain-amendments |
| |
| Certified true and correct this 13 day of Open , 19 97 . Signature full full first |
| * Must be completed if authority is other than Section 215.26, Florida Statutes. |
| For Agency Use Only Agency recommends approval of above claim and submits the following information to |
| Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 87,50 |
| I ne amount requested above was originally deposited into the state I reasury as a part of the funds deposited on |
| State Treasurer's Receipt No. 01048 015 dated 3 21 97 |
| Name of Account |
| 452021300014530000000000000 |
| Statutory Authority for Collection 607 0122 |
| |
| It is requested that payment be made from the following account! |
| NAME OF ACCOUNT |
| 45202130001453000000022002000 |
| Certified true and correct this day of |
| |
| Department of State. Division of Corporations (Authorized Signature and Title) |
| - Transportation - The Court of |

Name: Richard Riesenberg

Address:

644 E. Hallandale Beach Blvd.

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

800002120418--7 -03/21/97--01048--015 *****87.50 *****87.50

| SUBJECT: | NO WAVE INC |
|----------------------|--|
| | (proposed corporate name) |
| Enclosed is for \$87 | an original and one (1) copy of the articles of incorporation and our chec |
| FROM: | RICHARD RIESENBERG- Name (printed or typed) 644 E. HALLAND. BEACH BLUD |
| | Address HAUANDALE FL 33009 City, State, & Zip 1954 1 458-5514 |
| | Telephone Number |

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 26, 1997

RICHARD RIESENBERG 644 E. HALLAND BEACH BLVD. HALLANDALE, FL 33009

SUBJECT: NU-WAVE ATTRACTIONS, INC.

Ref. Number: K38743

We have received your document for NU-WAVE ATTRACTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 597A00015263



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 17, 1997

RICHARD RIESENBERG 644 E. HALLAND BEACH BLVD. HALLANDALE, FL 33009

SUBJECT: NU-WAVE ATTRACTIONS, INC.

Ref. Number: K38743

We have received your document for NU-WAVE ATTRACTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the enclosed refund form and return to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Letter Number: 197A00019534

Carol Mustain Corporate Specialist