

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 14 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **15716297**
1. Corporation Name
Wave-Jet Rentals, Inc

Principal Place of Business
**15201 FRONT BEACH ROAD
PANAMA CITY BEACH, FL
32413**

Mailing Address
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
N/A
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
3/29/1989

5. FEI Number
59-2939705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT **15-97**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Michael R. Bennett	5001 N. LAGOON DRIVE	PANAMA CITY BEACH, FL 32408
TREAS	Neel Bennett	186 BOCA LAGOON DRIVE	PANAMA CITY BEACH, FL 32408
VPRES			

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-01/15/98--01112--002
*****1080.00 ***1080.00**

01-14-98

8. Name and Address of Current Registered Agent

**Michael R. Bennett
5001 N. LAGOON DR
PANAMA CITY BEACH, FL 32408**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Bennett
REGISTERED AGENT MUST SIGN

Date

11/7/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bennett

11/7/97
Date

850-234-7522
Daytime Phone #

CR2E040 (12/96)