


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED

04 FEB 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000014348
Name and Mailing Address

0014636 01 AT 0.292 **AUTO T3 2 0615 34119-978959

 WAVETECH COMPUTING, LLC.
 7359 MONTEVERDE WAY
 NAPLES FL 34119-9789



US

2/12

2. New Mailing Address <i>2060 PAINTED PALM DRIVE</i>		4. State/Country of Formation FL	
City, State, Zip <i>NAPLES, FL 34119</i>		5. Date Organized or Qualified To Do Business in Florida 06/10/2002	
Principal Place of Business 7359 MONTEVERDE WAY NAPLES FL 34119 US	3. New Principal Place of Business Address <i>2060 PAINTED PALM DR.</i> City, State, Zip <i>NAPLES, FL 34119</i>		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent RAFALOFF, RYAN T 7359 MONTEVERDE WAY NAPLES FL 34119		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/09)

9. Name and Address of New Registered Agent	
Name	<i>RYAN T. RAFALOFF</i>
Street Address (P.O. Box Number is Not Acceptable)	
<i>2060 PAINTED PALM DR.</i>	
City	<i>NAPLES</i>
State	<i>FL</i>
Zip Code	<i>34119</i>

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date *1/25/04*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RAFALOFF, RYAN T	7359 MONTEVERDE WAY <i>2060 PAINTED PALM DR.</i>	NAPLES FL 34119

REINSTATEMENT *2003-2004*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date *1/25/04* Daytime Phone # *239-595-5982*

Typed or printed name of signing Managing Member/Manager *RYAN T. RAFALOFF*