

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2023 JUN 26 11:12:40

DOCUMENT # L22000529322

1. Limited Liability Company's Name WAVEHDC LLC

700411234347

2. Principal Office Address - No P.O. Box # 180 MAIN ST. Suite Apt #, etc #47 City & State BUTLER, NJ Zip Country 07405 USA

3. Mailing Office Address 180 MAIN ST. Suite, Apt. #, etc. #47 City & State BUTLER, NJ Zip Country 07405 USA

4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 12/19/2022 6. FEI Number 83-1071436 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name HUBCO REGISTERED AGENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Suite, 155 OFFICE PLAZA DRIVE Apt. #, Etc. 1ST FLOOR City TALLAHASSEE State FL Zip Code 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN BRUCE B. HUBBARD Date 6/26/2023

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Includes entries for LEVITT, JORDAN and PALUCH, DEAN. Large 'REINSTATEMENT' stamp and 'R. HUNT' signature.

11. E-mail Address: ktruax@wavehdc.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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. I am a [] DocuSigned by: submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [Signature] Date 6/26/2023 Daytime Phone # 914.494.8929 AATB1AADD0F4FB TYPED OR PRINTED NAME OF SIGNING AUTHORIZED REPRESENTATIVE/MEMBER JORDAN LEVITT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 06/26/2023

****WALK IN****

ENTITY NAME WAVEHDC LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

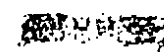
RECEIVED
2023 JUN 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL OWED \$??.??

ACCOUNT # 12016000072

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Please call Tina at the above number for any issues or concerns. Thank you so much!


R. HUNT