

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 JUN 26 PM 12:40

DOCUMENT # L22000529322

1. Limited Liability Company's Name

WAVEHDC LLC

700411234347

2. Principal Office Address - No P.O. Box #  
180 MAIN ST.3. Mailing Office Address  
180 MAIN ST.Suite Apt. #, etc.  
#47Suite, Apt. #, etc.  
#47City & State  
BUTLER, NJCity & State  
BUTLER, NJZip Country  
07405 USAZip Country  
07405 USA

CR2E041 (1/14)

4. State/Country of Formation  
FL5. Date Organized or Qualified  
To Do Business in Florida 12/19/20226. FEI Number  
83-1071436Applied For  
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a certificate of status

## 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 DRIVEApt. #, Etc.  
1ST FLOORCity  
TALLAHASSEEState Zip Code  
FL 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

Date 6/26/2023

REGISTERED AGENT MUST SIGN BRUCE B. HUBBARD

## 10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	LEVITT, JORDAN	180 MAIN ST #47	BUTLER, NJ 07405
AR	PALUCH, DEAN	180 MAIN ST #47	BUTLER, NJ 07405

REINSTATEMENT

  
R. HUNT11. 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 ☐ 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.

6/26/2023

914.494.8929

Signature of authorized representative/member

AA7B1AADD0F64FB

Date

Daytime Phone #

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 \_\_\_\_\_

TOTAL OWED \$ ??.??

ACCOUNT # 120160000072

*W: L J*

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

**RECEIVED**

R. HUNT