

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N39357**

1. Corporation Name

**RADIO WAVES OF LOVE, INC.**

Principal Place of Business

6050 W. 20TH AVE.  
HIALEAH FL 33106

Mailing Address

6050 W. 20TH AVE.  
HIALEAH FL 33106

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1990

5. FEI Number

65-0209394

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	AGUERO, OSCAR J	16745 N.W. 84TH CT.	MIAMI FL 33016
V	AGUERO, STELLA M	16745 N.W. 84TH CT.	MIAMI FL 33016
T	AGUERO, DIEGO J	16745 N.W. 84TH CT.	MIAMI FL 33016
D	PEREZ, HECTOR	5337 W. 22ND COURT	HIALEAH FL 33016
D	RODRIGUEZ, JAVIER	2660 W. 76TH STREET	HIALEAH FL 33016
D	SOTELO, MAXIMO	10874 S.W. 2ND STREET	MIAMI FL

8. Name and Address of Current Registered Agent

AGUERO, OSCAR J  
16745 N.W. 84TH CT.  
MIAMI FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003469504-3

-11/20/00--01017--007

\*\*\*\*245.00 \*\*\*\*245.00

FL

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/26/2000

11. 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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/2000 (305) 826-5450  
Daytime Phone #