

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:36

DOCUMENT # **P01000029142**

1. Corporation Name

LAST WAVE PRODUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



Principal Place of Business

Mailing Address

**499 SHERIDAN ST.
DANIA FL 33004**

**499 SHERIDAN ST.
DANIA FL 33004**

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2001

5. FEI Number

65-1157266

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	SCHEIN, MICHAEL	499 SHERIDAN ST #400	DANIA FL 33004
D	SCHEIN, ALAN	499 SHERIDAN ST	DANIA FL 33004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCHEIN, MICHAEL
499 SHERIDAN ST.
DANIA FL 33004**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/03

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/03

Daytime Phone #

CR2E040 (7/03)

LAST WAVE PRODUCTIONS, INC.

October 9, 2003

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Glenda E. Hood
Secretary of State
PO Box 6327
Tallahassee, Florida 32314-6327

Regarding: Annual Report/Reinstatement

To the Division of Corporations:

Last Wave Productions did not receive the two prior uniform business report (UBR) notices.

Enclosed are the following:

1. The completed application for reinstatement
2. \$150 check for UBR filing fee along with this letter in lieu of penalty fees

Please contact our accounting office with any additional information you may require at 954-921-2400 extension 131 and ask for Ed Matera.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Schein', with a long horizontal flourish extending to the right.

Michael Schein
President