

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 21 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~000000000000~~

1. Corporation Name

P01000071803

IRONWAVE CORPORATION

2. Principal Office Address

612 NE 17 AVENUE

3. Mailing Office Address

617 NE 17 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/2001

5. FEI Number

05-0548940

Applied For-

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL J. MARCINKWICZ

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

612 NE 17 AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

(Signature of Michael J. Marcinkwicz)
MICHAEL J. MARCINKWICZ

Date 1/16/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James M. Gouveia	612 NE 17 AVENUE	Fort Laud, FL 33309
VP	Michael J. Marcinkwicz	612 NE 17 AVENUE	Fort Laud, FL 33309

10. 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 of James M. Gouveia)
JAMES M. GOUVEIA

Date

Daytime Phone #

1/16/2003
(954) 6093915

CR2E081 (10/02)

2/1/23

16 January 2003

Ironwave Corporation
612 NE 17 Avenue
Fort Lauderdale, FL 33304

16 January 2003

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear State of Florida Representative: _____

Our company received an administrative dissolution for annual report on 10/4/2002.

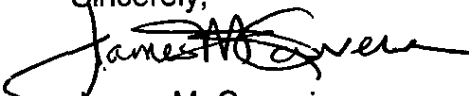
We did not receive notices for year 2002. We spoke with a representative from your office, and respectfully ask that you waive the late fee.

We have attached a reinstatement fee for 2002 and 2003, totaling \$300.00.

Any questions, please call 954.609.3915 or 954.779.3544.

Thank you for your help,

Sincerely,


James M. Gouveia

Please note the updated information on the enclosed Corporate Reinstatement Form.