

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/06/02--01134--021 \*\*150.00



**DOCUMENT # P01000083486**

1. Corporation Name

**NEW WAVE A POSITIVE FORCE INC.**

Principal Place of Business

PO BOX 3551  
HALLANDALE FL 33008-3551

Mailing Address

PO BOX 3551  
HALLANDALE FL 33008-3551

2002 UBR

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/2001

5. FEI Number

65-1027791

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
PRBS	Lydia Peters	P.O. Box 3551 Hallandale	FL 33008

8. Name and Address of Current Registered Agent

PETERS, LYDIA  
125 SE 9 CT #102  
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

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

*Lydia Peters*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/31/02

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:

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

Date

10/31/02

Daytime Phone #

CR2E040 (8/02)

20f2

NEW WAVE A POSITIVE FORCE INC.  
P.O. BOX 3551  
HALLANDALE, FL 33008

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

October 31, 2002

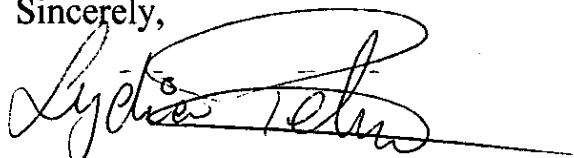
To Whom It May Concern:

I received this notice about one week ago. I did call your office as indicated in the notice and informed them that I did not receive prior correspondence. Your office directed me to fill out the attached Reinstatement, send a letter such as this one and a fee of \$150.

May I please request a copy of the UBR notice which I should have received.

Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lydia Peters", with a long horizontal flourish extending to the right.

Lydia Peters  
President  
New Wave A Positive Force, Inc.

RECEIVED  
DIVISION OF CORPORATIONS  
OCT 31 2002  
TALLAHASSEE, FL