

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 27 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000085555**

1. Corporation Name

**NEW WAVE DESIGN, CORP.**

Principal Place of Business

770 CLAUGHTON ISLAND DRIVE  
SUITE 913  
MIAMI FL 33131

Mailing Address

60 SOUTH SHORE DRIVE  
APT. #1  
MIAMI BEACH FL 33141

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

08/29/2001

5. FEI Number

65-1135055

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUTIERREZ, PILAR	770 CLAUGHTON ISLAND DRIVE #913	MIAMI FL 33131

600024102846  
10/27/03--01021--016 \*\*150.00

8. Name and Address of Current Registered Agent

GUTIERREZ, PILAR  
770 CLAUGHTON ISLAND DR.#913  
MIAMI FL 33139

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/03 - 35-867-2323

CR2E040 (7/03)



October, 18th 2003, Miami, FL

**Uniform Business Report**

**Division of Corporations**

**P.O.Box 1500**

**Tallahassee, FL, 32302-1500**

Dear Sirs,

This Notice of Revocation is the first letter that we receive from your office.

We don't know what's happening with our incoming mail, but is our intention to keep our corporation open so we are sending you the filled Application of Reinstatement and the paid for the filing fee.

Thanks for your understanding and our sincerely apologies.

A handwritten signature in black ink, appearing to read 'Pilar Gutierrez', is written over a horizontal line. The signature is stylized and cursive.

**Pilar Gutierrez**

**Director**