

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000058214**

1. Corporation Name

ASCENDING WAVE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

733 FLORA LINDA DR.
MELBOURNE FL 32940

733 FLORA LINDA DR.
MELBOURNE FL 32940

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

05/24/2002

5. FEI Number

35-2169799

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
PD	BORDEAUX, CHARLES A	733 FLORA LINDA DR.	MELBOURNE FL 32940

000023802020
10/15/03--01014--007 **750.00

8. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
92 SADBERRY ROAD
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

Charles A Bordeaux

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

733 Flora Linda Dr

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

Charles A Bordeaux
REGISTERED AGENT MUST SIGN

Date

10/10/2003

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:

Charles A Bordeaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/2003

Daytime Phone #

321-752-7961

CR2ED40 (7/03)