## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

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CORPORATION FLOI FLOI REINSTATEMENT			S	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED  09 OCT 13 PH 2:31  SECRETARY OF STATE TALLAHASSTE FLORIDA		
DOCUMENT # P06000011675  1. Corporation Name  New Wave Underground Construction, Inc.						1071:	TALLAMASA''' OO161647: 3/0901034002		
2. Principal Office Address - No P.O. Box# 3. Mailing Of 7221 Bromley Drive 7221 Brom				nley Drive	,	REIN	VSTATEMENT CRZEO81 (12/08)	09	
City & State City 8				te ort Richey, FL Country USA		5. FEI Numbe 20-42042	ate Incorporated or Qualified of Do Business in Florida 1-24-2006  El Number 4204280 Applied For Not Applicable  RTIFICATE OF STATUS DESIRED   S8.75 Additional For requirer for a Certificate of Status		
Name Artine Dinnell  Street Address (P.O. Box Number is Not Acceptable) 7221 Bromley Drive  Suite, Apt. #, Etc.  City New Port Richey  72 34653						☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being Signature o Registered	of	_		ration, am familiar ENT MUST SIGN	with and accept the o	obligations of section	on 607.0505 or 617.0503, F.S.		
9. Names	and Street Addre	esses of Each Officer an	d/or Director (Flo	rida nonprofit corp	orations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Ead Officer and/or Directo		City / State / Zip		
Р	Arline Dinnell			7221 Bromley Drive			New Port Richey, FL 34653		
VP	Tommy Dinnell			7221 Bromley Drive			New Port Richey, FL 34653		
s	Chad Dinnell			7221 Bromley Drive			New Port Richey, FL 34653		
T	Danny Din	nell	• • • • • • • • • • • • • • • • • • • •	7221 Bromley Drive			New Port Richey, FL 34653		
							apter 607 or 617, F.S. I further ce s of section 607.0401 or 617.040		

Arline Dinnell 10-8-2009 727-848-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Deviting Phone #

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: