

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 24 PM 9:30

DOCUMENT # P12000011006

1. Corporation Name

Waveblast Watersports II Inc.

200297152712
03/24/17--01016--002 **1350.00

2. Principal Office Address - No P.O. Box #

1821 Middle River

Suite, Apt. #, etc.

S. 12

City & State

Fl. Lauderdale Fl

Zip

33305

Country

U.S.

3. Mailing Office Address

1821 Middle River

Suite, Apt. #, etc.

Suite 12

City & State

Fl. Lauderdale Fl

Zip

33305

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-12

5. FEI Number

☒ 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

Chandler, Zachary C

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

1821 Middle River Drive

Suite, Apt. #, Etc.

Suite 12

City

Fort Lauderdale

State

FL

Zip Code

33305

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

Zachary Chandler

REGISTERED AGENT MUST SIGN

Date

3-23-17

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
P	Zachary C Chandler	1821 Middle River Dr	Fl. Lauderdale, Fl 33305
D	Zachary C Chandler	1821 Middle River Dr	Fl. Lauderdale Fl 33305

10. E-mail Address: Waveblast@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Zachary Chandler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-17

Date

Daytime Phone #

9549343707