

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P21323

1. Corporation Name

PEGASUS AIRWAVE INC.

Principal Place of Business

791 PARK OF COMMERCE BLVD.  
# 500  
BOCA RATON FL 33487  
US

Mailing Address

50 N GARY AVE  
ROSELLE IL 60172  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3606414

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SCAVUZZO, ROSS	50 N GARY AVE	ROSELLE IL 60172
V	<del>SMITH, RICK</del>	<del>791 PARK OF COMMERCE BLVD. # 500</del>	<del>BOCA RATON FL 33487</del>
T	<del>MARTONE, LARRY</del>	<del>1777 E HENNETTA ROAD</del>	<del>ROCHESTER NY 14623</del>
SC	KRATZAR, ALAN	50 N GARY AVENUE	ROSELLE IL 60172

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 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:

SIGNATURE REQUIRED  
ALAN KRATZAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 630 307 6104

CR20040 (8/02)



October 31, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: 36-3606414

To Whom It May Concern:

Enclosed is a check for \$150.00 to reinstate Pegasus Airwave. We did not receive any prior notices before this revocation notice. Please contact me at 630-307-6142 should you need any further information to reinstate the company.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Catherine Filar'.

Catherine Filar  
Senior Accountant