

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 AUG 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048776

1. Corporation Name

Telegraph New Technologies
(formerly Wetwave, Inc.)

Principal Place of Business

Mailing Address

301 Clematis St. 3rd Floor
West Palm Beach FL 33401

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

June 27 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0503035

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	Victor J. Cook	2525 Lake Dr #108	Riviera Bch FL 33404
Dir.	Ted Metzger	121 Eden Rd	Palm Beach FL 33480

REINSTATEMENT 96-97

A. Allen
8/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Victor J. Cook
2525 Lake Dr. #108
Riviera Beach FL 33404

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

800902270968-9
-08/18/97-01031-015
****915.00 ****915.00

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.

Signature of
Registered Agent

VJ Cook

REGISTERED AGENT MUST SIGN

Date 8/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

VJ Cook

8/12/97

Date

Daytime Phone #

561 832 6905
1 800 300 7179