

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-01 UBR

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000043643

1. Corporation Name
Cool Wave Designs, Inc

2. Principal Office Address
1508 Bayshore Rd
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 3379
Suite, Apt. #, etc.

City & State
Nokomis, FL

City & State
Sarasota, FL

Zip
34275

Country

Zip
34230

Country

FILED

01 FEB 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0253533

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
Albert Carl Schrecker

Street Address (P.O. Box Number is Not Acceptable)
1508 Bayshore Road

Suite, Apt. #, Etc.

City
Nokomis

State
FL

Zip Code
34275

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

Albert Carl Schrecker

REGISTERED AGENT MUST SIGN

Date

2/21/01

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
Pres	Albert C. Schrecker	1508 Bayshore Rd	Nokomis, FL 34275
			400003796874--6
			03/05/01-01012-011
			****450.00
			LS

10. 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:

Albert Carl Schrecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

941-957-0225

Daytime Phone #

CR2E081 (9/00)