

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -8 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG7000093367

1. Corporation Name

WAVECREST MANAGEMENT CORPORATION

2. Principal Office Address

1900 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

1900 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

SP

5. FEI Number

65-0794076

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

Boyle, Conrad J.

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

500 E. Broward Blvd.

Suite, Apt. #, Etc.

Suite 1950

City

Fort Lauderdale

State

FL

Zip Code

33394

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****300.00 ****300.00

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

REGISTERED AGENT MUST SIGN

Date 2/5/01

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
DPST	Chynoweth, Dale	1900 W. Commercial Blvd., #200	Fort Lauderdale, FL 33309
DV	Keenan, William	1900 W. Commercial Blvd., #200	Fort Lauderdale, FL 33309

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:

WAVECREST MGT. CORP.

Dale Chynoweth, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 5/01

Daytime Phone #

Dale Chynoweth, President

CR2E081 (9/99)