

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 4:05

DOCUMENT # P98000038057

1. Corporation Name

NEW WAVE LAMINATES, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

5633 DAWSON ST
HOLLYWOOD FL 33023

5633 DAWSON ST
HOLLYWOOD FL 33023



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3500 S STATE RD 7

3. New Mailing Office Address, If Applicable

3500 S STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR

City & State

MIRAMAR

Zip

FL 33023

Country

FL

Zip

33023

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1998

5. FEI Number

65-0831080

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ABELLA, MIGUEL SR.	5664 DAWSON STREET 3500 S State Rd 7	HOLLYWOOD FL 33023 MIRAMAR, FL, 33023
Sec	Abella BLANCA	3500 S STATE RD 7	MIRAMAR, FL, 33023
T.	Abella BLANCA	3500 S STATE RD 7	MIRAMAR, FL, 33023
Vic. P.	Abella Miguel JR.	3500 S STATE RD 7	MIRAMAR, FL, 33023
Vic. P.	Abella MARTA	3500 S. STATE Rd 7	MIRAMAR, FL, 33023
700025636517 12/19/03--01044--019 **150.00			

8. Name and Address of Current Registered Agent

ABELLA, MIGUEL
1098 W 64TH PL
HIALEAH FL 33012
3500 S ST. RD 7
MIRAMAR, FL, 33023

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
Miguel Abella
REGISTERED AGENT MUST SIGN

Date 11-21-03

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
Miguel Abella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-03

Date

Daytime Phone #

954 894-4282W.

305 793-2616 C.

NEW WAVE LAMINATES, INC.

3500 S State Rd 7
Miramar, FL 33023

T-954-894-4282

Fx-954-894-4210

www.newwaveproducts@aol.com

Dec 15th, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FEI # 65-0831080
Doc# P98000038057

To Whom It May Concern:

This is in reference to the renewal of our 2003 Corporation Annual Report, which we did not receive due to changes of addresses. We have changed the address in two several occasions, but all correspondence have gone to either 5654 Dawson St. or 5633 Dawson St. Please change our address to 3500 S State Rd 7 Miramar, FL 33023. We are sending a check for the amount of \$150.00, as advised by one of your officers when we contact your office. If there is any problem with this, please feel free to contact us at the above address or e-mail address.

Thank you in advance for your assistance on this matter,



Miguel Abella
President