

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG -1 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000093267**

1. Corporation Name

WAVEBLAST WATERSPORTS II INC.

2. Principal Office Address

1380 S. OCEAN BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

133 N. Pompano Bch. Blvd

Suite, Apt. #, etc.

908

City & State

Pompano Beach, FL

City & State

Pompano Bch. FL

Zip

33062

Country

U.S.A.

Zip

33062

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-18-99

5. FEI Number

65-1088227

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

ZACHARY CHANDLER

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

133 N. Pompano Beach Blvd. #908

Suite, Apt. #, Etc.

908

City

Pompano Beach

State

FL

Zip Code

33062

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

Zachary Chandler
REGISTERED AGENT MUST SIGN

Date

6-21-02

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.	ZACHARY Chandler	133 N. Pompano Bch Blvd #908	Pompano Beach FL 33062

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:

Zachary Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHARY CHANDLER

Date

6-21-02

Daytime Phone #

954941289

CR2E081 (9/01)