

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUN 21 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

S20190

1. Corporation Name

SUB WAVE II, A FLORIDA CORPORATION

Principal Place of Business

3600 S. DIXIE HWY.  
MIAMI, FL 33133

Mailing Address

3600 S. DIXIE HWY.  
MIAMI, FL 33133

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1990

5. FEI Number

65-0238101

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) 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
PSD	ANDRONIKIDIS, STEVE	3600 S. DIXIE HWY.	MIAMI, FL 33133

400002918924--4  
-06/29/99--01068--016  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

ANDRONIKIDIS, STEVE  
3600 S. DIXIE HWY.  
MIAMI, FL 33133

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.

Signature of  
Registered Agent

*Steve Andronikidis*  
REGISTERED AGENT MUST SIGN

Date 06/18/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

*Steve Andronikidis*  
STEVE ANDRONIKIDIS

SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/99  
Date

(305)668-0614  
Daytime Phone #

CR2E081 (12/96)