

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S58130

1. Corporation Name

Waka, Inc.

W98-12725

Principal Place of Business

Mailing Address

4190-Belfort-Road  
Suite-200  
Jacksonville, FL 32216

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

2. New Principal Office Address, If Applicable

5000 Sawgrass Village Circle

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 21

City & State

City & State

Ponte Vedra Beach, FL

Zip

Country

32082

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/4/1991

5. FEI Number

59-3068831

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Krehel, Gregory A.	1181 Salt Marsh Circle	Ponte Vedra Beach, FL 32082
VSTD	Wiss, Robert L.	3700 Ocean Boulevard	Corona Del Mar, CA 92625

REINSTATEMENT

94-98

52 6-5-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gregory A. Krehel  
1181 Salt Marsh Circle  
Ponte Vedra Beach, FL 32082

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 \* SEE ATTACHED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory A. Krehel, President

Date

6/2/98

Daytime Phone #

904 272 5300

CR202-40 (11-98)

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is Waka, Inc.
2. The name and address of the registered agent and office is:

Gregory A. Krehel  
1181 Salt Marsh Circle  
Ponte Vedra Beach, Florida 32082

Having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED: June 4, 1998.

  
\_\_\_\_\_  
Gregory A. Krehel