


2008 FOR PROFIT CORPORATION REINSTATEMENT

122

DOCUMENT # P04000171864		
1. Entity Name - WAVE MEDIA SOLUTIONS, INC.		

Principal Place of Business 1404 S.W. 48TH TERRACE CAPE CORAL, FL 33914	Mailing Address 1404 S.W. 48TH TERRACE CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 NOV -3 AM 10:39
7/17/08 90060 030 150.00
TALLAHASSEE, FLORIDA
10102008 REIN-P CR2E098 (1/07)

4. FEI Number 20-2090909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARCLAY, JANA S 1404 S.W. 48TH TERRACE CAPE CORAL, FL 33914		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCLAY, JANA S 1404 S.W. 48TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jana S. Barclay 10/10/08 23A-540-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/21

2 of 2

October 10, 2008

To Whom It May Concern:

Enclosed please find my signed Corporation Reinstatement for 2008. I did not receive the prior notice.

Please contact me if there is anything else I need to do.

Thank you,



Jana Barclay
President, Wave Media Solutions