


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000077567 1. Entity Name NEW WAVE FASHIONS, INC.						FILED 05 FEB -1 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2415 N MONROE STREET TALLAHASSEE, FL 32303 US				Mailing Address P.O. BOX 37054 TALLAHASSEE, FL 32315			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MACHADO, LIGIA VANESSA 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number 59-3401703				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, LIGIA VANESSA 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACHADO, LIGIA VANESSA 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309			<input type="checkbox"/> Delete	500046660745 02/16/05--01001--009 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACHADO, LIGIA VANESSA 4533 HIGHGROVE ROAD TALLAHASSEE, FL 32309			<input type="checkbox"/> Delete	<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 exemption stated in Section 119.07(3)(i), 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: <i>Ligia Machado</i>				2-1-05 <i>850 668 2772</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			