

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 19 PM 4:48

DOCUMENT # P96000077567

**1. Corporation Name**

Newa Wave Fashions Inc  
2415 N Monroe Street Suite 225  
Tallahassee FL 32303

*[Handwritten initials]*

600022662496  
08/29/03--01026--030 \*\*450.00

**2. Principal Office Address**

2415 N Monroe Street  
Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 37054  
Suite, Apt. #, etc.

**City & State**

Tallahassee FL

**City & State**

Tallahassee FL

**Zip**

32303

**Country**

**Zip**

32315

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-18-96

**5. FEI Number**

59-3401703

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-03**

**7. Name and Address of Current Registered Agent**

**Name**

Ligia Vanessa Machado

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

4533 Highgrove Road

**Suite, Apt. #, Etc.**

**City**

Tallahassee FL

**State**

FL

**Zip Code**

32309

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 8-19-03

**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
P	Ligia Vanessa Machado	4533 Highgrove Road	Tallahassee FL 32309

**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:**

*[Handwritten Signature]*

Ligia Vanessa Machado 8-19-03

850 383 9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

August 19, 2003

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To: the Dept. of State

This letter is in reference to New Wave Fashions Inc.  
(P96000077567). I am applying for reinstatement, and  
I did not receive the UBR, first or second notice for  
the year 2001.

Thank you,

Ligali D. D. D.