

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 16 PM 3:50

DOCUMENT # L04000088170

1. Entity Name
VALE HOLDING, LLC



Principal Place of Business
11846 HIGHLAND PLACE
CORAL SPRINGS, FL 33071 US

Mailing Address
11846 HIGHLAND PLACE
CORAL SPRINGS, FL 33071 US

2. Principal Place of Business - No P.O. Box #
238 Oceanic Ave.

3. Mailing Address
238 OCEANIC AVE.

Suite, Apt. #, etc.

City & State
LAUDERDALE BY THE SEA, FL

City & State
LAUDERDALE BY THE SEA, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

09202007 REIN-LLC CR2E101 (1/07)

4. FEI Number
56-2493621

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BONHAM, GENE S
1999 UNIVERSITY DRIVE
212
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00**

in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
VALENZUELA, JUAN J
11846 HIGHLAND PLACE
CORAL SPRINGS, FL 33071**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Valenzuela, Juan J.
238 OCEANIC AVE.
LAUDERDALE BY THE SEA, FL 33308**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300110601313
10/10/07--01043--006 **50.00**

☐ Change ☐ Addition

TITLE
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**REINSTATEMENT
w/o Penalty 2007**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Walt

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/5/07 (954) 8650467
Date Daytime Phone #