2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000030709

Title:

Name:

Address: City-St-Zip: VP () Delete WAFER, GEORGE SCOTT

143 BOATHOUSE LN W

BAY SHORE, NY 11706

Entity Name: VEHICLE MANUFACTURERS SERVICES, INC

FILED Oct 17, 2007 Secretary of State

Littly Name: VEHICLE MANOFACTORERS SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
49 S.W. FLAGLER AVENUE, SUITE 3A STUART, FL 34994				2688 SE WILLOUGHBY BLVD 2ND FLR STUART, FL 34994		
Current Mailing Address:				New Mailing Address:		
49 S.W. FLAGLER AVENUE, SUITE 3A STUART, FL 34994				2688 SE WILLOUGHBY BLVD 2ND FLR STUART, FL 34994		
FEI Number:	75-3036565	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PALM CITY	QUIRE JOHNS 7, FL 34990	US	nurnose o	f changing its registers	ed office or registered agent or both	
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.						
SIGNATURE: GEORGE WAFER						
Electronic Signature of Registered Agent					Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WAFER, GEOR 295 SW SQUIR STUART, FL 3-	E JOHNS LN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () WAFER, MARIA 295 SW SQUIR STUART, FL 3-	E JOHNS LN		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ

(X) Change () Addition

WAFER, GEORGE SCOTT

SMITHTOWN, NY 11787

719 MEADOW RD

SIGNATURE: GEORGE SCOTT WAFER VP 10/17/2007