
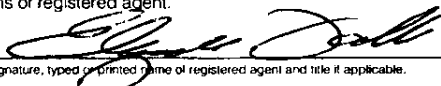
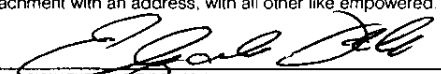


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000049956					
1. Entity Name VALLIE INVESTMENT GROUP, INC.					
Principal Place of Business 2319 SW 54TH. STREET CAPE CORAL, FL 33914			Mailing Address 2032 SW 51 ST. STREET CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box # 2032 SW 51 ST. STREET		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State		4. FEI Number 20-0937869	
Zip 33914		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLIE, ELIZABETH A 2032 SW 51 ST. STREET CAPE CORAL, FL 33914			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:  10/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 P	NAME VALLIE, ELIZABETH A		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 2319 SW 54TH. STREET	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME VALLIE, DUANE S		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 2319 SW 54TH. STREET	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  10/11/07 239 691-1389 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

07 OCT 17 11 54
 TALLAHASSEE, FLORIDA
