


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000136282 1. Entity Name VALE'S MANAGEMENT SERVICES, INC.	
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Principal Place of Business P O BOX 938517 MARGATE, FL 33093	Mailing Address P O BOX 938517 MARGATE, FL 33093
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2. Principal Place of Business - No P.O. Box # 6327 N.W. 19th Ct	3. Mailing Address Suite, Apt. #, etc.
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City & State Margate, FL	City & State
Zip 33063	Country U.S.A.

6. Name and Address of Current Registered Agent VALE, LAQUTRIS 6327 NW 19TH COURT MARGATE, FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <i>Laqutris Vale</i> (NOTE: Registered Agent signature required when reinstating)	DATE: 3/27/07
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALE, HUBERT 6327 NW 19TH COURT MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S VALE, LAQUTRIS 6327 NW 19TH COURT MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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 in an attachment with an address, with another like empowered. SIGNATURE: <i>Laqutris Vale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/27/07 DAYTIME PHONE #: (754) 422-2991
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FILED  
2007 APR 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01192007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3601216	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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04/24/07--01004--018 \*\*300.00

REINSTATEMENT 06-07