


2007 FOR PROFIT CORPORATION REINSTATEMENT

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|----------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000158659 |  |
| 1. Entity Name ACE QUALITY SERVICES, INC. | |

APPROVED
AND
FILED

07 MAR -1 PM 12:30 *JS*



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| Principal Place of Business 7171 CORAL WAY SUITE 311 MIAMI, FL 33155 | Mailing Address 7171 CORAL WAY SUITE 311 MIAMI, FL 33155 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------|---------------------|
| City & State Zip | City & State Zip |
|---------------------|---------------------|

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| 6. Name and Address of Current Registered Agent VELAZCO, ALEX 7171 CORAL WAY SUITE 311 MIAMI, FL 33155 | |
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| 02282007 | REIN-P | CR2E098 (1/07) |
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| 4. FEI Number | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
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| 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 the registered agent. | |
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| SIGNATURE <i>Alex Velazco</i> <small>Signature, type or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
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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 | DP VELAZCO, ALEX 7171 CORAL WAY SUITE 311 MIAMI, FL 33155 <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 |
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REINSTATEMENT 06-07

600091014646
03/06/07--01026--005 **300.00

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| 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. | |
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SIGNATURE: *Alex Velazco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #