



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000057507 1. Entity Name ACT MANAGEMENT SERVICES, INC.						06 DEC 17 4:37 SEC. TALLAH.	
Principal Place of Business 7852 NW 62 STREET MIAMI, FL 33166				Mailing Address 7852 NW 62 STREET MIAMI, FL 33166			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4045 SHERIDAN AVE. Suite, Apt. #, etc.					
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number 65-0941052		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33140		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA CORPORATE REG. AGENTS, INC. 7200 NW 19 STREET STE 301 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <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, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP D PACHECO GOMES, MARCELO 7852 NW 62 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D, P, T, S DE SENA, VALDETE 7852 NW 62 ST. MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVTS PACHECO GOMES, MARCELO 7852 NW 62 STREET MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500082458265 12/12/06--01013--004 **150.00 <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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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: <u>Valdete de Sena</u> FOR VALDETE DE SENA, PRESIDENT 12-5-06 (386) 693-8513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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**ACT MANAGEMENT SERVICES, INC.
7852 N.W. 62 STREET
MIAMI, FL 33166**

November 6, 2006

Florida Department of State
Division Of corporations
P. O. Box 6327
Tallahassee, FL 32314

Re Act Management Services, Inc.
Ref. No. P99000057507
Annual Report
Year: 2006

Ladies and Gentlemen;

The corporation kindly requests the waiver of the \$ 400 late fee because the annual report notice was not received.

Thanking you in advance for your kind assistance I remain.

Sincerely,



For Valdete De Sena, President