

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 APR 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/23/08--01046--017 **900.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000125811

1. Corporation Name

MASTER FINISH INC.

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 16585 NW 2 AVE. | | 3. Mailing Office Address 16585 NW 2 AVE. | |
| Suite, Apt. #, etc. SUITE #403 | | Suite, Apt. #, etc. SUITE #403 | |
| City & State MIAMI FLORIDA | | City & State MIAMI FLORIDA | |
| Zip 33169 | Country USA | Zip 33169 | Country USA |

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 11/26/2002 | |
| 5. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name
SERGIO A. BU

Street Address (P.O. Box Number is Not Acceptable)
20085 NE 3 CT.

Suite, Apt. #, Etc.
#04

| | | |
|---------------|-------------|-------------------|
| City MIAMI | State FL | Zip Code 33179 |
|---------------|-------------|-------------------|

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Sergio Bu* Date: 4/21/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|---------------------|
| CEO | SERGIO A. BU | 20085 NE 3 CT. #04 | MIAMI FLORIDA 33179 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
03-08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Sergio Bu* Date: 4/21/08 Daytime Phone #: (954) 687-4137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR