

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUL 25 PH 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005893

**1. Corporation Name**

MAURICE METAL REFINISHING, INC

**2. Principal Office Address**

1705 NE 159th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA

**3. Mailing Office Address**

1705 NE 159th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/13/03

**5. FEI Number**

65-0374012

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Galarza, Mauricio

Street Address (P.O. Box Number is Not Acceptable)

1705 NE 159th Street

Suite, Apt. #, Etc.

City

North Miami Beach

State  
FL

Zip Code  
33162

**8. 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

Date 06/10/2005

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
D	Galarza, Mauricio	1705 NE 159th Street	N. Miami Beach, FL 33162

100057911641  
07/28/05--01072--004 \*\*300.00

**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 under section 119.07(3)(i), 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:

*Mauricio Galarza*

Mauricio Galarza

06/11/05

786-317-8193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

7/25/05

*please Do Not Remove*

2/2

**MAURICE METAL REFINISHING, INC.  
1705 NE 159<sup>th</sup> Street  
North Miami Beach, FL 33162**

June 10, 2005

Attn: Andy Dunlap  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Maurice Metal Refinishing, Inc.  
Doc. No. P03000005893**

Dear Sir:

I refer to my accountant's telephone conversation with an employee in the Department and enclose the Corporation Reinstatement form duly completed and signed.

Also enclosed is a check for \$300.00 to cover the renewal fee.

Please be advised that your notice of renewal was never received and hence the renewal form was overlooked and not sent. We therefore ask that you waive all penalty and associated fees.

I hope this meet your approval as we await a positive response.

Should you have any further questions please do not hesitate to contact me at (786) 317-8193 or my accountant, Michael Naranjit at 305-681-7771

Very Truly Yours,

*Maurice R. Cleary*

Maurice Metal Refinishing, Inc.

cc: Michael Naranjit - Accounting & Taxes 2000 Plus, LLC.