

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P03000005893</b>		
1. Corporation Name <b>MAURICE METAL REFINISHING, INC</b>		

2. Principal Office Address - No P.O. Box # <b>1705 NE 159TH STREET</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N. MIAMI BEACH, FL.</b>		City & State	
Zip <b>33162</b>	Country <b>USA</b>	Zip	Country
7. Name and Address of Current Registered Agent			
Name <b>ACCOUNTING &amp; TAXES 2000 PLUS, LLC</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>16499 NE 19TH AVE</b>			
Suite, Apt. #, Etc. <b>SUITE 102</b>			
City <b>N. MIAMI BEACH, FL.</b>		State <b>FL</b>	Zip Code <b>33162</b>

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		Date	
			
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	<b>MAURICIO GALARZA</b>	<b>1705 NE 159TH STREET</b>	<b>N. MIAMI BEACH, FL. 33162</b>

10. E-mail Address: <b>michael@taxes2000plus.com</b>			
<small>(To be used for future annual report notification)</small>			
11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
<b>SIGNATURE: <i>Mauricio R. Galarza</i></b>		MAURICIO GALARZA	DEC. 10, 2009 786-317-8193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #