

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000005893

1. Corporation Name

MAURICE METAL REFINISHING, INC

2. Principal Office Address - No P.O. Box #

1705 NE 159TH STREET

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL.

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

ACCOUNTING & TAXES 2000 PLUS, LLC

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

16499 NE 19TH AVE

Suite, Apt. #, Etc.

SUITE 102

City

N. MIAMI BEACH, FL.

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date

Dec 10/09

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	MAURICIO GALARZA	1705 NE 159TH STREET	N. MIAMI BEACH, FL. 33162

10. E-mail Address: **michael@taxes2000plus.com**

(To be used for future annual report notification)

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.

SIGNATURE:

MAURICIO GALARZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. 10, 2009 786-317-8193

Date

Daytime Phone #

FILED

09 DEC 15 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163618484
12/15/09--01032--010 **300.00

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2003

5. FEI Number

65-0374012

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.