


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000135297 1. Entity Name MEGA REFINISH SERVICES, CORP	
---	---

Principal Place of Business 5460 25TH PL SW NAPLES, FL 34116 US	Mailing Address 5460 25TH PL SW NAPLES, FL 34116 US
---	---

2. Principal Place of Business 7715 TARA CIR. Suite, Apt. #, etc. #203	3. Mailing Address 7715 TARA CIR. Suite, Apt. #, etc. #203
---	---

City & State NAPLES, FL.	City & State NAPLES, FL.
------------------------------------	------------------------------------

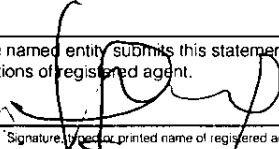
Zip 34104	Country US	Zip 34104	Country US
---------------------	----------------------	---------------------	----------------------



10032006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent VALLE-ARNEDO, RAUL 5460 25TH PL SW NAPLES, FL 34116		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:  DATE: **10-04-2006**

*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P VALLE-ARNEDO, RAUL	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5460 25TH PL SW			NAME	4000RODISA0674		
STREET ADDRESS	NAPLES, FL 34116			STREET ADDRESS	10-10-06-81994 310 +\$150.00		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNEDO, JOSE J			NAME			
STREET ADDRESS	5460 25TH PL SW			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  DATE: **10-04-2006** (239) 298-0166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/06