

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000141895

Entity Name: MKA FINISHING, INC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

8670 WEIR LN
105
NAPLES, FL 34104

New Principal Place of Business:

752 PINE VALE DR
NAPLES, FL 34104

Current Mailing Address:

11345 LAAKSO LN.
NAPLES, FL 34114

New Mailing Address:

752 PINE VALE DR
NAPLES, FL 34104

FEI Number: 84-1719308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, MARIO
8670 WEIR LN
105
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

OSORIO, MARIO
752 PINE VALE DR
NAPLES, FL 34104 US

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.

SIGNATURE: MARIO OSORIO

02/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSORIO, MARIO
Address: 8670 WEIR LN 105
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: LOPEZ, ESTEVAN
Address: 8670 WEIR LN 105
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: HERNANDEZ, ALDO
Address: 8670 WEIR LN 105
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: OSORIO, LUCIO
Address: 8670 WEIR LN 105
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSORIO, MARIO
Address: 752 PINE VALE DR
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change () Addition
Name: BLANCO, ELIECER
Address: 752 PINE VALE DR
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO OSORIO

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date