2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000071665

1. Entity Name
SCORPION AIR CARGO CORP

FILED
06 SEP 27 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11005 NW 33 STREET DORAL, FL 33172	11005 NW 33 STREET DORAL, FL 33172

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

09222006 REIN-P CR2E098 (11/05)

4. FEI Number
65-1124299
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JESUS R 9600 NW 25TH STREET SUITE 5G MIAMI, FL 33172	Name JESUS R PEREZ Street Address (P O Box Number is Not Acceptable) 1632 SW 139 AVE City MIAMI FL 33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both ... the obligations of registered agent

SIGNATURE ___ 9/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE D NAME PEREZ, JESUS R STREET ADDRESS 9600 NW 25TH STREET CITY-ST-ZIP MIAMI, FL 33172	☐ Delete	TITLE S NAME JESUS R PEREZ STREET ADDRESS 1632 SW 139 AVE CITY-ST-ZIP MIAMI FL 33175	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME TIRSO SANJUAN STREET ADDRESS 1632 SW 139 AVE CITY-ST-ZIP MIAMI FL 33175	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100080719861 10/11/06--01021--021 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT 2006

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: ___ 9/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #