

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 11005 NW 33 STREET DORAL, FL 33172	Mailing Address 11005 NW 33 STREET DORAL, FL 33172
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

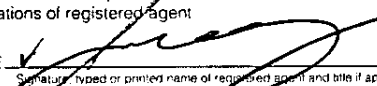
09222006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1124299	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, JESUS R 9600 NW 25TH STREET SUITE 5G MIAMI, FL 33172	
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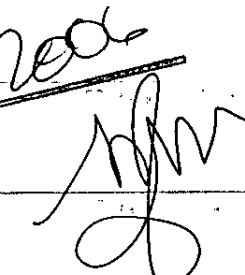
7. Name and Address of New Registered Agent Name <u>JESUS R PEREZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1632 SW 139 AVE</u> City <u>MIAMI</u> FL <u>33175</u>	
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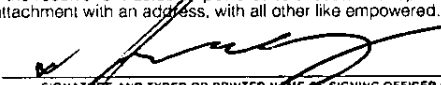
8. The above named entity submits this statement for the purpose of reinstating the obligations of registered agent.	
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)

9/22/06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JESUS R 9600 NW 25TH STREET MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESUS R PEREZ 1632 SW 139 AVE MIAMI FL 33175 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIRSO SANJUAN 1632 SW 139 AVE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	Date <u>9/22/06</u> Daytime Phone #