

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151958

1. Entity Name  
CPR AERONAUTICAL GROUP, INC



FILED

04 NOV 12 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2765 KISINGTON CIRCLE  
WESTON, FL 33332 US

Mailing Address  
62 INDIAN TRACE  
72  
WESTON, FL 33326 US

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10062004 REIN-P CR2E098 (6/04)

4. FEI Number  
20-160017

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROVATI, CARLOS  
2765 KISINGTON CIRCLE  
WESTON, FL 33332

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 10/07/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, 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	<input type="checkbox"/> Delete
NAME	ROVATI, CARLOS	
STREET ADDRESS	2765 KISINGTON CIRCLE	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROVATI, CARLOS	
STREET ADDRESS	2765 KISINGTON CIRCLE	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROVATI, CARLOS	
STREET ADDRESS	2765 KISINGTON CIRCLE	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000041767980  
10/11/04--01013--004 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/07/04 Daytime Phone #