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2006 FOR PROFIT CORPORATION  
REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11012006 REIN-P CR2E098 (1/05) 06

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                              |                                                                   |
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| <b>DOCUMENT # P05000027352</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                              |                                                                   |
| 1. Entity Name<br>CPR CARGO CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                              |                                                                   |
| Principal Place of Business<br>201 HUNT ST #2021<br>CLERMONT, FL 34711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            | Mailing Address<br>201 HUNT ST #2021<br>CLERMONT, FL 34711                                   |                                                                   |
| 2. Principal Place of Business<br>13137 MOONFLOWER CT<br>State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | 3. Mailing Address<br>13137 MOONFLOWER CT<br>State, Apt. #, etc.                             |                                                                   |
| City & State<br>CLERMONT FL<br>Zip<br>34711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | City & State<br>CLERMONT FL<br>Zip<br>34711                                                  |                                                                   |
| Country<br>EU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Country<br>EU                                                                                |                                                                   |
| 4. FEI Number<br>202391471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | Applied For<br>Not Applicable                                                                |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            | 7. Name and Address of New Registered Agent                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br>REYES, ENRIQUE<br>201 HUNT ST #2021<br>CLERMONT, FL 34711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | Name<br>Street Address (P.O. Box Numbers Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                              |                                                                   |
| FILE NOW! FEE IS \$150.00<br>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<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>REYES, ENRIQUE<br>201 HUNT ST #2021<br>CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>REYES, ENRIQUE<br>13137 MOONFLOWER CT<br>CLERMONT FL 34711 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |                                                                                                            | 100081736001<br>11/13/06--01035--010 ***150.00                                               |                                                                   |
| SIGNATURE: <u>Enrique Reyes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | G.P.R. cargo corp oct 27/06                                                                  |                                                                   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | Date                                                                                         |                                                                   |