

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000140792

1. Entity Name
C & G EXPRESS INC.



FILED
2007 JAN -2 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14223 SW 145 PLACE
MIAMI, FL 33186

Mailing Address
14223 SW 145 PLACE
MIAMI, FL 33186



2. Principal Place of Business

3. Mailing Address

1475 NW 97 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

12202006 REIN-P CR2E098 (11/05)

City & State

City & State

Miami Florida

4. FEI Number

20-3732660

Applied For

Not Applicable

Zip

Country

Zip

33172

Country

USA

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

ANGEL, CARLOS A.
14223 SW 145 PLACE
MIAMI, FL 33186

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

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 IN 11

TITLE P ☐ Delete
NAME ANGEL, CARLOS A.
STREET ADDRESS 14223 SW 145 PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900092921139
CITY-ST-ZIP 01/02/07--01064--018 **150.00

TITLE V ☐ Delete
NAME ANGEL, GLADYS
STREET ADDRESS 960 SW 95 AVE.
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/06