

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CRAR
CORPORATE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000097015

1. Corporation Name

EL AGUILA CARGO EXPRESS, INC

2. Principal Office Address - No P.O. Box #

14124 SW 156TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

14124 SW 156TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33196

Country

USA

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HIAURA ROSA REYES

Street Address (P.O. Box Number is Not Acceptable)
14124 SW 156TH AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Hiaura Reyes

REGISTERED AGENT MUST SIGN

Date 08/31/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	HIAURA ROSA REYES	14124 SW 156TH AVENUE	MIAMI, FLORIDA. 33196
		<i>9/11</i>	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hiaura Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/09

Date

305-649-8404

Daytime Phone #

August, 21, 2009

TO:

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 8700
TALLAHASSEE, FLORIDA. 32314

FROM:
PEREZ & ASSOCIATES, INC
1710 NW 7TH STREET STE 201
MIAMI, FLORIDA 33125

SUBJECT:
EL AGUILA CARGO EXPRESS, INC
P08000097015

DEAR SIR OR MADAM:

ABOVE ALL I APOLOGIZED FOR THE INCONVINIENCE THIS MAY CAUSE YOU. BY MEANS OF THIS LETTER, I CERTIFY THAT WAS NOT MY INTENTION NOT TO FILE THE ANNUAL REPORT FOR 2009. I AM NOT AWARE THAT CORPORATION NEEDS TO BE PAID ON MAY, 01, OF EACH YEAR. I NEVER RECEIVED A RENEWAL LETTER, I AM ASKING YOUR OFFICE IF THEY CAN TAKE INTO CONSIDERATION THAT THIS IS VERY IMPORTANT FOR ME AND MY FAMILY.

ENCLOSED I AM SENDING A CHECK OF \$150.00. THIS IS THE FIRST TIME THIS HAPPEN AND PLEASE I WOULD LIKE TO ASK YOUR OFFICE TO WAIVE ME THE LATE FEE. I HOPE THIS MATTER CAN BE RESOLVE WITH THE BEST RESOLT ANE TH.3 MISUNDERSTOOD NEVER WILL HAPPEN AGAIN.

IF YOU HAVE OR NEED ANY ADDITIONAL INFORMATION PLEASE FEELS FREE TO CONTACT ME AT YOUR EARLIER CONVINIENCE. THANK YOU SO MUCH IN ADVANCED.

SINCERELY


HIAURA ROSA REYES