

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT
AND
FILED

98 DEC -7 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087570

1. Corporation Name

CARGOPAR AIRLINES, INC.

Principal Place of Business

6445 NW 25 STREET
BLDG 2121
MIAMI FL 33122
US

Mailing Address

POST OFFICE BOX 592666
MIAMI FL 33159
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1994

5. FEI Number

65-0538622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ND	VIMO, CARLOS R	13125 SW 104 TERRACE 12301 SW 65th Ave, Village of Pinecrest, FL 33156	MIAMI FL 33186
SD	VIMO, CARLOS R	13125 SW 104 TERRACE 12301 SW 65th Ave, Village of Pinecrest, FL 33156	MIAMI FL 33186
			200002710512--9 -12/11/98-01068-056 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIMO, CARLOS R 13125 SW 104 TERRACE MIAMI FL 33186	Name Scott Villanueva Street Address (P.O. Box Number is Not Acceptable) 7000 NW 25th St. Suite, Apt. #, Etc. Suite 209 City Miami State FL Zip Code 33122
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Scott Villanueva

REQUIRED

Date 12/1/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Scott Villanueva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98
Date

305-871-3186
Daytime Phone #