

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000035501

1. Entity Name  
CARGA, INC.



FILED

08 JUN -6 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
PO BOX 773248  
OCALA, FL 34477 US

Mailing Address  
PO BOX 773248  
OCALA, FL 34477 US

2. Principal Place of Business - No P.O. Box #  
15225 NW 112th Place  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

REINSTATEMENT 07-08

City & State  
Morrison, FL  
Zip 32668 Country Marion

City & State  
Zip Country

4. FEI Number  
65-0578343

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, CARLOS  
PO BOX 773248  
OCALA, FL 34477

7. Name and Address of New Registered Agent

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 agent not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME PRES  
MORALES, CARLOS  
STREET ADDRESS PO BOX 773248  
CITY-ST-ZIP Ocala, FL 34477 ☐ Delete

TITLE NAME VP  
AMPUDIA, MARIA G  
STREET ADDRESS PO BOX 773248  
CITY-ST-ZIP Ocala, FL 34477 ☐ Delete

TITLE NAME SEC  
CROWLEY, JOAN  
STREET ADDRESS 324 GROUNDHOG COLLEGE ROAD  
CITY-ST-ZIP WEST CHESTER, PA 19382 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100130190041  
05/23/08--01036--026 \*\*300.00

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100130190041  
05/23/08--01036--027 \*\*8.75

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Carlos J. Morales (President) 05/14/08 954-775-4931

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