


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000000814 1. Entity Name TARGET RESOURCES, INC.	
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FILED

05 JAN 26 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FL 32399



01242005 REIN-P CR2E098 (6/04)

Principal Place of Business 98 EAST AVENUE 124 PARTRICK AVE NORWALK, CT 06851	Mailing Address 2550 HARBOURSIDE DR. 2295 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
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2. Principal Place of Business 124 PARTRICK AVE Suite, Apt. #, etc.	3. Mailing Address 2550 HARBOURSIDE DRIVE Suite, Apt. #, etc. 343
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City & State NORWALK CT	City & State LONGBOAT KEY FL	4. FEI Number 06-1300995	Applied For <input type="checkbox"/> Not Applicable
Zip 06851	Country USA	Zip 34228	Country USA

6. Name and Address of Current Registered Agent WEISEL, MELVYN 2295 GULF OF MEXICO DRIVE 2550 HARBOURSIDE DR. LONGBOAT KEY, FL 34228	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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: *Melvyn Weisel* (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MANN, FRANCES 2295 GULF OF MEXICO DRIVE 2550 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2550 Harbourside Drive, Unit 343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEISEL, MELVYN 2295 GULF OF MEXICO DRIVE 2550 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2550 Harbourside Drive, Unit 343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500046084565 02/07/05--01030--001 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: *Melvyn Weisel* **Melvyn Weisel** 1/24/05 (941) 385 2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #