

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 20 PM 12:32

DOCUMENT # F97000002381

1. Corporation Name  
TARGET AIR FREIGHT, INC.

Principal Place of Business  
201 WEST CAROB STREET  
COMPTON CA 90220  
US

Mailing Address  
201 WEST CAROB STREET  
COMPTON CA 90220  
US



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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

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4. Date incorporated or Qualified To Do Business in Florida 05/06/1997

5. FEI Number 11-3375717

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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	COPPERSMITH, CHRISTOPHER A	201 WEST CAROB STREET	COMPTON CA 90220
V	BEATTIE, SUSANNAH S	201 WEST CAROB STREET	COMPTON CA 90220
VPCF	DUBATO, PHILIP J	201 WEST CAROB STREET	COMPTON CA 90220
			300003453483--8
			11/07/00 01091-005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VAUGHN, CAROL 7979 NW 21ST ST. MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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 *Carol Vaughn* REGISTERED AGENT MUST SIGN Date 10/18/00

11. 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: *Susannah Sloan Beattie* Date 10/17/00 Daytime Phone # 310 900 1574