

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1997

5. FEI Number

11-3375717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



300008967013
11/13/02--01046--022 **550.00

FILED

02 NOV 13 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	4 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

8. Name and Address of Current Registered Agent

VAUGHN, CAROL
7979 NW 21ST ST.
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



Thursday, November 07, 2002

Division Of Corporation,
Annual Report/ Reinstatement Section
Tallahassee Fl.

To whom it may concern:

In May 2002, I have mailed the Uniform Business Report to your department. However, a couple days ago, I have received notice of Administrative Dissolution or Revocation form. I have attached \$550 with this form. I would like our company status to be in good standing. If there is any balance left, please let me know and I will take care of it. My phone number is (310) 900-1974 Ex. 293.

Seife Kidane
Auditor.