

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L01000021466

Name and Mailing Address

0001467 01 AT 0.292 **AUTO T7 3 0615 32174-877301



TARGET CONSULTANTS LLC
1 TORREY PINES COURT
ORMOND BEACH FL 32174-8773



2. New Mailing Address

1 Torrey Pines Court

City, State, Zip

Ormond Beach, FL 32174

Principal Place of Business

1 TORREY PINES COURT
ORMOND BEACH FL 32174

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/15/2001

6. FEI Number 01 0598945
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SUKHENDER, SINGIREDDY
1 TORREY PINES COURT
ORMOND BEACH, FL 32174

9. Name and Address of New Registered Agent

Name

SINGIREDDY, SUKHENDER

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

1 TORREY PINES COURT

ORMOND BEACH,

City

FL

Zip 32174

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Sukhender Singireddy
REGISTERED AGENT MUST SIGN

Date 11/6/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SINGIREDDY, SWAPNA	1 TORREY PINES COURT	ORMOND BEACH FL 32174

400024568344
11/10/03--01087--001 **150.00

REINSTATEMENT

03

Dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Swapna Singireddy
SIGNATURE REQUIRED

Date 11/6/03

Daytime Phone #

386 677 6928

Typed or printed name of signing Managing Member/Manager

386 235 9677