

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019008

1. Corporation Name

TARGET TILE, INC.

Principal Place of Business

686 S E THORNILL DRIVE
PORT ST. LUCIE FL 34983

Mailing Address

686 S E THORNILL DRIVE
PORT ST. LUCIE FL 34983

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1079752

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SWANGER, JEFFERY C	686 S E THORNILL DRIVE	PORT ST. LUCIE FL 34983

600009172516
11/22/02--01098--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWANGER, JEFFERY C
686 S E THORNILL DRIVE
PORT ST. LUCIE FL 34983

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
Jeffery C Swanger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

"P" 10/26/02 772-879-9362

CR2E040 (8/02)



Lawrence R. Medow, CPA, PA

10504 South Federal Highway

Port St. Lucie, FL 34952

Phone (772) 335-7793 • Fax (772) 335-7794

Email: info@lmedowcpa.com

October 13, 2002

To Whom It May Concern:

We respectfully request that the penalty for not timely filing the UBR be abated. The shareholder-owner of Target Tile had told me he had not received the prior two notices regarding the annual filing requirements. Perhaps this was a result of the fact that he was a new corporation and not fully cognizant of the filing requirements.

We enclose a check in the amount of \$150.00 and the completed application. Thank you very much for your consideration.

Sincerely,


Lawrence R. Medow, CPA, PA