

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

05 FEB 14 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000099646

1. Corporation Name

TARGET MOVERS & STORAGE, INC.
350 SOUTH FEDERAL HWY.
DEERFIELD BEACH, FL. 33441

2. Principal Office Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/2007

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

AYDOGAN KORAY

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

350 SOUTH FEDERAL HWY.

Suite, Apt. #, Etc.

DEERFIELD BEACH, FL. 33441

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

(Signature)

REGISTERED AGENT MUST SIGN

Date

02/10/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	AYDOGAN KORAY	350 SOUTH FEDERAL HWY.	DEERFIELD BEACH FL. 33441
S-D	KALOTAGLOU, HILMI	350 SOUTH FEDERAL HWY.	DEERFIELD BEACH FL. 33441

300046904199
02/21/05--01011--010 **450.00

REINSTATEMENT

10. 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/05
Date

754-423-2637
Daytime Phone #