

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 DEC 19 AM 8:54

DOCUMENT # P03000070163

1. Corporation Name

Target Gas Station, Inc

2. Principal Office Address - No P.O. Box #

4150 PGA BLVD

3. Mailing Office Address

4150 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PBG FL

City & State

PBG FL

Zip

Country

33410

USA

Zip

Country

33410

FL

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2009

5. FEI Number

27-0772909

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

Selim Zakuto

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

888 Biscayne Blvd

Suite, Apt. #, Etc.

1704 Apt

City

Miami

State

FL

Zip Code

33132

Active

700264460737  
12/19/14--01037--021 \*\*35.00

700264460737  
09/18/14--01020--011 \*\*600.00

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

REGISTERED AGENT MUST SIGN

Date 9/10/2014

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	Selim Zakuto	888 Biscayne Blvd	Miami FL 33132

10. E-mail Address: targetgasstation@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Selim Zakuto

9/10/2014

Date

Daytime Phone #

+1 917 683 1907