

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000103884

1. Corporation Name

TGH USA CORP.

2. Principal Office Address - No P.O. Box #
270 S CENTRAL BLVD.

Suite, Apt. #, etc.
108

City & State
JUPITER, FL.

Zip
33458

Country
US

3. Mailing Office Address
1920 N COMMERCE PRKW

Suite, Apt. #, etc.
SUITE 1920-3

City & State
WESTON, FL.

Zip
33326

Country
US

REINSTATEMENT 2012

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida 12/29/2010

5. FEI Number
30-0693950

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
F&S PROJECTS, CORP. / RAFAEL FERRER

Street Address (P.O. Box Number is Not Acceptable)
1920 N COMMERCE PARKWAY

Suite, Apt. #, Etc.
SUITE 1920-3

City
WESTON

State Zip Code
FL 33326

200241795152
11/14/12-01010-009 ***58.75

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

Rafael Ferrer
REGISTERED AGENT MUST SIGN

Date 10-25-12

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	GERSTEIN, ERAN	2824 SE RANCH ACRES CR.	JUPITER, FL.
VP	VIANA, MARCELA A	2824 SE RANCH ACRES CR.	JUPITER, FL.

10. E-mail Address: CONTACT@FANDSPROJECTS.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:

ERAN GERSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2012 (954) 482.9681

Date Daytime Phone #