PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 12 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031881

1 Corporation Name

TARGET BUILDING PRODUCTS, INC.

Principal Place of Business	Mailing Address
5416 W 26 AVE	5416 W 26 AVE
Hialeah, FL 33016	Hialeah FL 33016

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

REINSTATEMENT 97-99

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/25/1994

5. FEI Number: 65-0485679 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	Ronald Torres	1820 SW 99 AVE	MIRAMAR, FL, 33025
DVP ST	Abel Perdomo	5416 W 26 AVE	Hialeah FL 33016

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-11/23/99--01047--005
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Abel Perdomo
	Street Address (P.O. Box Number is Not Acceptable): 5416 W 26 AVE.
	Suite, Apt. #, Etc.
	City: Hialeah, FL State: FL Zip Code: 33016

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.

Signature of Registered Agent X _____ REGISTERED AGENT MUST SIGN Date 11/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/10/99 Date (305) 968-1309 Daytime Phone #