LAZARUS 2201440 P.01

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 -1 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084123

Corporation Name TARGET TRADING INC

Principal Place of Business
5416 W 26 AVE
Hialeah FL 33016

Mailing Address
5416 W 26 AVE
Hialeah FL 33016

REINSTATEMENT 9-7-99

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/11/96

5. FEI Number X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy

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

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

700000809915?---E
-11/02/99--01098--028
***1050.00 ***1050.00

LS

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

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: 10/27/99

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

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 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 10/27/99 Date (305) 968-1309 Daytime Phone #