

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 FEB 21 AM 10:01
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036119

1. Corporation Name

TARGA MARKETING GROUP U.S.A. INC.

2. Principal Office Address

1969 South Alafaya Trail,

3. Mailing Office Address

2323 East Loop 820N

Suite, Apt. #, etc.

409

Suite, Apt. #, etc.

Building 26

City & State

Orlando, FL

City & State

Fort Worth, TX

Zip

32828

Country

U.S.A

Zip

76118

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1997

5. FEI Number

113406126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 997 06

T. Roberts FEB 23 2006

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

SHANTELL TUCKER

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

1969 SOUTH ALAFAYA TRAIL

Suite, Apt. #, Etc.

#409

City

ORLANDO

State

FL

Zip Code

32828

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

Shantell Tucker

REGISTERED AGENT MUST SIGN

Date

01/30/06

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
DP	PAUL EMM	2323 East Loop 820N, Building 26	Fort Worth, TX 76118

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 contained in Chapter 119, 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:

Paul Emm

Paul Emm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/06

817-595-5779

Daytime Phone #