

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 # V 20030

1. Corporation Name

TARGO, Inc.

2. Principal Office Address

1116 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

LANTANA FL

Zip

33462

Country

3. Mailing Office Address

1116 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

LANTANA FL

Zip

33462

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/92

5. FEI Number

65-0319023

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

Timo PAJAMAKI

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

Suite, Apt. #, Etc.

1116 S. Dixie Highway

City

LANTANA

State

FL

Zip Code

33462

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

T. Pajamaki

Date

11-24-04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>PAJAMAKI, Timo</u>	<u>1116 S. Dixie Highway</u>	<u>LANTANA, FL 33462</u>

600043044286
11/29/04--01061--010 **450.00

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 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:

T. Pajamaki

T. Pajamaki

11-24-04

561-547-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

TARGO, INC.

1116 S. Dixie Highway
Lantana, FL 33462

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2004

The Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Re: Targo, Inc. V20030

The registered agent for the above corporation changed his address in January 2002. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$450.00 for the 2002, 2003 and 2004 years and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Timo Pajamaki
President