

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 97 NOV 10 PM 3:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # J85925**

1. Corporation Name  
**ACTION TEAM, INC.**

Principal Place of Business

780 SEAGATE DRIVE  
 NAPLES FL 33942  
 US

Mailing Address

780 SEAGATE DRIVE  
 NAPLES FL 33940  
 US



**REINSTATEMENT 99**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2844803	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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
P	PARKER, ROBERT	4108 ROYAL FOX DRIVE	ST. CHARLES IL
T	PARKER, MARILYN	4108 ROYAL FOX DRIVE	ST. CHARLES IL
VP	O'DELL, DALEEN	804 SW 47th Terrace #103	Cape Coral, FL 33914
			100002346871-2 -11/13/97--01091--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CASH, RICHARD 780 SEAGATE DR. NAPLES FL 33940		Name DALEEN O'DELL Street Address (P.O. Box Number is Not Acceptable) 804 SW 47th Terrace #103 Suite, Apt. #, Etc. 103 City Cape Coral State FL Zip Code 33914	

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: *Daleen O'Dell* Date: 11-4-97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(j), 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: *Robert Parker* PARKER 11-4-97 941-403-3817  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)