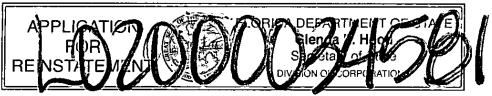
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPINUYE. AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

L02000034581 Name and Mailing Address

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SANCHEZ TEAM INVESTMENTS LLC 5300 US HWY 1 KEY WEST FL 33040-4327



City, State, Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 12/23/2002		
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
	8. Name and Address of Curre	nt Registered Agent	9. Name and Address of New Registered Agent			
SANCHEZ, RALPH 5300 US HWY 1 KEY WEST FL 33040			Name Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code			
Signature of Registered A	Agent	REGISTERED GENT MUST SIGN	RED		Date $\frac{U/2I}{}$,
	and Street Addresses of Each Managing Name of Managing	ng Member/Manager	Street Address of Ea	ach		
Title(s)			anaging Member/Manager		City / State / Zip	
MGR	RALPH, SANCHEZ	5300 US	HWY 1		KEY WEST FL 33	
				400 11/24/03	0249932 -0125-012	214 **150.00
				•	JAP	
12. I certify	that I am managing member/managers reinstatement application the reason f	or the receiver or trustee empowe	ered to execute this a	optication as provided	for in chapter 608, F.S.	further certify that when