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 FEB 24 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095155 (4)

1. Corporation Name
THE A TEAM, INC.

Principal Place of Business
203 S. Atlantic Avenue
New Smyrna Beach
Florida 32169

Mailing Address
203 S. Atlantic Avenue
New Smyrna Beach
Florida 32169

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

REINSTATEMENT 98-990 1000 02/04/99

4. Date Incorporated or Qualified To Do Business in Florida 12/13/95

5. FEI Number 59-3346795 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P,T	Dawn Douglas	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169
V	Anne McArdle	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169
D,S	Dawn Douglas ~~[illegible]~~	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169

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02/24/99--01008--010
*****900.00 *****900.00

8. Name and Address of Current Registered Agent
Joanne M. Fegan
203 S. Atlantic Avenue
New Smyrna Beach, Florida 32169

9. Name and Address of New Registered Agent
Name
Dawn Douglas
Street Address (P.O. Box Number is Not Acceptable)
203 S. Atlantic Avenue
Suite, Apt #, Etc.
City New Smyrna Beach | State FL | Zip Code 32169

CR2E047 (12/98)

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 Dawn M. Douglas
REGISTERED AGENT MUST SIGN
Date 02-17-99

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

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)(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.

Dawn M. Douglas

SIGNATURE: Dawn M. Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-99
Date

904-428-8901
Daytime Phone #