

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *W 3/13*  
00 MAR 13 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **A97000001677**

1. Name of Limited Partnership

**TEAM SOLUTIONS, LTD.**

2. Principal Office Address

**5105 NW 36TH AVE.**

Suite, Apt. #, etc.

3. Mailing Office Address

**246 WEST 38TH STREET**

Suite, Apt. #, etc.

**7TH FLOOR**

City & State

City & State

**MIAMI, FLORIDA**

**NEW YORK, NY**

Zip **33142**

Country

**USA**

Zip

**10018**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**JOSEPH ZALTER**

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

**20281 EAST COUNTRY CLUB DRIVE (SUITE 1514)**

Suite, Apt. #, Etc.

**SUITE 1514**

City

**AVENTURA**

State

**FL**

Zip Code

**33180**

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.198, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*[Signature]*

DATE

**1/7/2000**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10.

Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration Document Number

**L & Z ASSOCIATES OF  
SOUTH FLORIDA, INC**

**246 W. 38TH ST.**

**NY NY  
10018 - 5895**

**1998-  
2000**

**P97000066150**

**REINSTATEMENT**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*[Signature]*

DATE

**1/7/00**

Typed or Printed Name of General Partner Signing Form

**ROBERT D. LIDZ**

Telephone Number

**1 212 768 7090**

CR2E038 (11/99)