
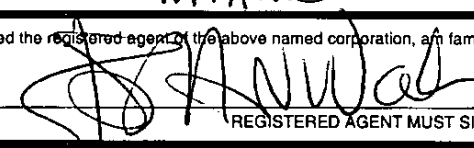
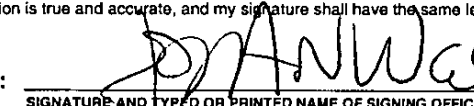


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 JAN -7 PH 2:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
<b>DOCUMENT #</b> F01000004631 <b>1. Corporation Name</b> TEAM 94 FOUNDATION, INC.					
<b>2. Principal Office Address</b> 13934 SW 90TH AVE Suite, Apt. #, etc. CC 204 City & State MIAMI, FL 33176 Zip 33176 Country USA		<b>3. Mailing Office Address</b> 3781 MAY S COURT Suite, Apt. #, etc. City & State ATLANTA, GA Zip 30331 Country USA			
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>			
		<b>5. FEI Number</b> 58-2491443 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For					
Not Applicable					
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Name and Address of Current Registered Agent</b>					
Name KESHA N. WALKER					
Street Address (P.O. Box Number is Not Acceptable) 13934 SW 90TH AVENUE					
Suite, Apt. #, Etc. CC 204					
City MIAMI		State FL	Zip Code 33176		
<b>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.</b>					
Signature of Registered Agent 		Date 1/5/05			
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
FOOTN DIRECTOR	BRANDI SCOTT	1117 PEACHTREE WALK SUITE 125	ATLANTA, GA 30309		
CO CHAIRMAN	KESHA WALKER	3781 MAY S COURT	ATLANTA, GA 30309		
EVENT DIRECTOR	SITRYNOA NEWBITT	1117 PEACHTREE WALK SUITE 125	ATLANTA, GA 30309		
			400044330884 01/07/05--01047--002 **428.75		
<b>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.</b>					
<b>SIGNATURE:</b> 		Date 1/5/05	Daytime Phone # 4042292821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/04)