PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 04 APR -7 AH 7: 26 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECALIVARY OF STATE FLORIDA DOCUMENT # F43469 1. Corporation Name Team Investment and Promotion Corporation 000031849260 04/05/04--01078--008 **1958.75 2. Principal Office Address 3. Mailing Office Address STATEMENT 20-04 350 Gulf Boulevard 350 Gulf Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. #2 #2 Date incorporated or Qualified 9-3-811 To Do Business in Florida City & State City & State Applied For 5. FEI Number Indian Rocks Beach, FL Indian Rocks Beach, FL. Not Applicable 59-2349533 Country Country \$8.75 Additional Fee required for a Certificate of Status 33785 33785 Pinellas Pinellas CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent <u> Alan S. Christner, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) 350 Gulf Boulevard Suite, Apt. #, Etc. Zip Code 33785 Indian Rocks Beach 🐉 I, being appointed the registered agent of the showt named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of REGISTERED AGENT MUST SIGN Registered Age(1 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 350-2 GulfBoulevard Indian Rocks Beach PST-Pierre Vanlueven υτ ⊲3.3795° 350-2 Gulf Boulevard Indian Rocks Beach Alan S. Christner, Jr. VΡ FL 33785 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 filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

727-596-3383

Daytime Phone #