


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 FEB -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H49953

1. Corporation Name
Team Effort Productions, Inc.

300088454603
02/16/07--01001--001 ***3000.00

2. Principal Office Address 1 Las Olas Circle		3. Mailing Office Address (same)	
Suite, Apt. #, etc. Suite 411		Suite, Apt. #, etc.	
City & State Fort Lauderdale, Florida		City & State	
Zip 33316	Country USA	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida March 28, 1985

5. FEI Number 59-2563058 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mathew Hayden

Street Address (P.O. Box Number is Not Acceptable)
1 Las Olas Circle

Suite, Apt. #, Etc.
Suite 411

City
Fort Lauderdale

State **FL** Zip Code 33316

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.

Signature of Registered Agent Mathew Hayden Date February 5, 2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mathew Hayden	1 Las Olas Circle, Suite 411	Fort Lauderdale, FL 33316

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 contained in Chapter 119, 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: Mathew Hayden, Pres Date 2/5/07 Daytime Phone # 954-439-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR