

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

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

REINSTATEMENT
1992-2007

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
REGISTERED AGENT MUST SIGN

Date February 5, 2007

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07
Date

954-439-1100
Daytime Phone #

B. Mitchell FEB 9 2007