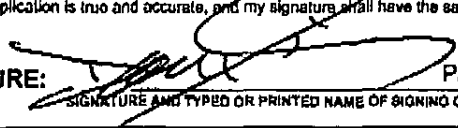


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 NOV 30 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800157775378 6/25/09 01036 009-416.25 CR2E081 (12/08)	
DOCUMENT # K23116 1. Corporation Name Teamkar Development Corporation					
2. Principal Office Address - No P.O. Box # 117 Bellamere Palms Ct.		3. Mailing Office Address 117 Bellamere Palms Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz, FL		City & State Lutz, FL			
Zip 33549	Country USA	Zip 33549	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 05/06/1988	
				5. FEI Number 592887923 ☐ 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 Dara Khoyi					
Street Address (P.O. Box Number is Not Acceptable) 117 Bellamere Palms Ct.					
Suite, Apt. #, Etc.					
City Lutz		State FL	Zip Code 33549		
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 _____				Date 6/19/2009	
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	
DPT	Dara Khoyi	117 Bellamere Palms Ct.		Lutz, FL 33549	
S	Anvar K Khoyi	117 Bellamere Palms Ct.		Lutz, FL 33549	
REINSTATEMENT					
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: 		President		6/19/2009 727-514-7777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	