

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 000 0000 3562

1. Limited Liability Company's Name

**GREAT TEAM, LLC**

2. Principal Office Address - No P.O. Box #

7135 COLLINS AVE

Suite, Apt. #, etc.

616

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

3. Mailing Office Address

P.O BOX 415728

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida 03/29/2000

6. FEI Number  
65-1067292

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
ANTONIO ZAZZARINO

Street Address (P.O. Box Number is Not Acceptable)  
7135 COLLINS AVE

Suite, Apt. #, Etc.  
616

City  
MIAMI BEACH

State Zip Code  
FL 33141

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Antonio Zazzarino  
REGISTERED AGENT MUST SIGN

Date 06/04/09

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	ANTONIO ZAZZARINO	7135 COLLINS AVE STE. 616	MIAMI BEACH, FL 33141

**REINSTATEMENT** 02-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Antonio Zazzarino Date 06/04/09 Daytime Phone # (305) 867-1448

Typed or printed name of signing Managing Member/Manager **ANTONIO ZAZZARINO**

**FILED**

09 JUN -9 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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