PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006537

1. Limited Liability Company's Name
i Team Solutions, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
3914 Tampa Road.	P.O. Box 89
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL.	City & State: Oldsmar, FL
Zip: 34677 USA	Zip: 34677 USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified to Do Business In Florida: May 29, 2000

6. FEI Number: 59-3651229 ☐ 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: Jeffrey Collins

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****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 3914 Tampa Rd.

Suite, Apt. #, Etc.

City: Oldsmar | State: FL | Zip Code: 34677

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: _____ REGISTERED AGENT MUST SIGN Date: 10/25/2001

CR2E041 (9/01)

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
MGR/M	JEFFREY COLLINS	3914 TAMPA ROAD	OLDSMAR, FL 34677

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: _____ Date: 10/25/2001 Daytime Phone #: 813 220 8653

Typed or printed name of signing Managing Member/Manager: JEFFREY COLLINS