

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT 2001

FILED

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LC00000013250

1. Limited Liability Company's Name

The Access Team LLC
5324 Siesta Ct.
Sarasota, FL 34242

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5324 Siesta Ct.
Sarasota, FL 34242

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Scarritt, John

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

5324 Siesta Ct.

Suite, Apt. #, Etc.

City

Sarasota

900004649769-0

-10/23/01--01037--019

****150.00 ****150.00

State
FL

Zip Code

34242

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

John Scarritt

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
	<u>MEM</u> <u>Scarritt, John</u>	<u>5324 Siesta Ct.</u>	<u>Sarasota, FL 34242</u>

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

John Scarritt

Date 10/15/01

Daytime Phone # 941-346-0103

Typed or printed name of signing Managing Member/Manager

John D. Scarritt