

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000016954

1. Limited Liability Company's Name

INVESTMENT TEAM DEVELOPMENT, LLC

400205575484
04/29/11--01005--008 **516.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 33720 SICKLER DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DADE CITY, FL		City & State	
Zip 33523-7551	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/03/2004	
6. FEI Number 90-0149051	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name STANLEY SANFORD			
Street Address (P.O. Box Number is Not Acceptable) 33720 SICKLER DRIVE			
Suite, Apt. #, Etc.			
City DADE CITY	State FL	Zip Code 33523-7551	

E-mail Address:

SHSANFORD@ATT.NET
(To be used for future annual report notices)

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 Stanley Sanford Date 3/8/11
REGISTERED AGENT MUST SIGN

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
MGRM	STANLEY SANFORD	33720 SICKLER DRIVE	DADE CITY, FL 33523-7551

REINSTATEMENT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Stanley Sanford Date 3/8/2011 Daytime Phone # 352-424-0501

Typed or printed name of signing Managing Member/Manager STANLEY SANFORD