

* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:50

DOCUMENT # LO40000 86644

1. Corporation Name

PRO TEAM INTERNATIONAL LLC

2. Principal Office Address

460 MEHLER BACHER RD

3. Mailing Office Address

460 MEHLER BACHER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellaire, FL

City & State

Bellaire, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

200075835732
06/07/06--01003--003 **50.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2251751

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

ALEXSANDRA MARZEC

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

460 MEHLER BACHER RD

Suite, Apt. #, Etc.

City

Bellaire

State

FL

Zip Code

33756

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

Alexandra Marzec

REGISTERED AGENT MUST SIGN

Date

3-21-06

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
<u>MARZEC</u>	<u>ALEXSANDRA MARZEC</u>	<u>460 MEHLER BACHER RD</u>	<u>Bellaire, FL 33756</u>

03/31/05 90126 043 \$50.00

REINSTATEMENT 05-06

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 under section 119.07(3)(l), 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

Alexandra Marzec ALEXSANDRA MARZEC PRESIDENT 3/21/06 227-385-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #