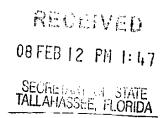
المحملية والمراجي

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAE COMPAN REINSTATEN	Y P	Secre	PARTMENT OF Setary of State of Corporations	STATE		FILE SECRETARY DIVISION OF CO 08 FEB 12	OF STATE PROPATIONS
DOCUMENT # L06000037026 1. Limited Liability Company's Name						_	
TEAMWORK UNITY, LLC							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (12/07)		
9193 SUNSET DRIVE SUITE		3. Mailing Office Address 9193 SUNSET DRIVE SUITE		ľ	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			FLORIDA		
210		210		[5. Date Organized or Qualified To Do Business in Florida 4/07/2006		
City & State		City & State			6. FEI Number		
MIAMI FL		MIAMI FL			Not Applicable		
^{Zip} 33173	DADE	33173	Country DADE		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						•	
Name JORGE PASTORIZA MD					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.		
Street Address (P.O. Box Number is Not Acceptable)							
9193 SUNSET DRIVE SUITE							
Suite, Apt. #, Etc. 210							
_CityState							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and acc Signature of						2/1/18	
Registered Agent REGISTERED AGENT MUST SIGN						Date	
10. Names and Street Addresses of Managing Members/Managers							
Titles	es Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		er	City / Stat	e / Zip
officer Doctorian page							22.72
WCRM 91935UNSET					Di ·	miamiti	. 301 10
							3/
		0 . 0	0 6		02/706/	108-1-11-73-1-15	1 63 **105.00
REIN	STATEMENT_	700.11	<u> 70</u> 08 —		30	0117316	163
					02/20.	/08 01007011	**172.50
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 filling 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 plaid. 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 2 1/08 Daytime Phone # 307 - 59 753 58							
Typed or printed name of signing Managing Member/Manager U. Torge Pastoriza, M.D.							





Division of Corporations

February 7, 2008

فسية بإ

TEAMWORK UNITY, LLC 9193 SUNSER DR STE 210 MIAMI, FL 33173

SUBJECT: TEAMWORK UNITY, LLC

Ref. Number: L06000037026

We have received your document for TEAMWORK UNITY, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$277.50.

There is a balance due of \$172.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00008220