

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 12 PM 1:40

**DOCUMENT # L06000037026**

1. Limited Liability Company's Name

**TEAMWORK UNITY, LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 9193 SUNSET DRIVE SUITE Suite, Apt. #, etc. 210 City & State MIAMI FL Zip 33173		<b>3. Mailing Office Address</b> 9193 SUNSET DRIVE SUITE Suite, Apt. #, etc. 210 City & State MIAMI FL Zip 33173	
Country DADE		Country DADE	

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 4/07/2006	
<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name JORGE PASTORIZA MD			
Street Address (P.O. Box Number is Not Acceptable) 9193 SUNSET DRIVE SUITE			
Suite, Apt. #, Etc. 210			
City MIAMI	State FL	Zip Code 33173	

☒ 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.

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

2/1/08

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
OFFICER MEMBER	Jorge Pastoriza	9193 sunset dr.	miami, fl. 33173
REINSTATEMENT 2007, 2008			
		300117316163 02/06/08--01042--002 **105.00	
		300117316163 02/20/08--01007--011 **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 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

2/1/08

Daytime Phone # 305-5955558

Typed or printed name of signing Managing Member/Manager

Jorge Pastoriza, M.D.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 FEB 12 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 7, 2008

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