

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**14 DEC 19 PM 4:56**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000028658

1. Limited Liability Company's Name

**TEAM 3D LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

**1101 Cypress Loft Pl.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1101 Cypress Loft Pl.**

Suite, Apt. #, etc.

City & State

**Lake Mary, FL**

City & State

**Lake Mary, FL**

Zip

**32746**

Country

Zip

**32746**

Country

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida  
03-16-2007

6. FEI Number

**20-8678324**

☐ Applied For

☐ Not Applicable

7. ☐ CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**FRANK, SMITH ESQ**

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

**9900 STIRLING ROAD**

Suite, Apt. #, Etc.

**243**

City

**COOPER CITY**

State

**FL**

Zip Code

**33024**

**100267603391**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent /s/ Frank Smith, Esq

Date December 2, 2014

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MNGR	Mark Lomonaco	1101 Cypress Loft Pl.	Lake Mary, FL 32746
MNGR	Devon Hughes	1101 Cypress Loft Pl.	Lake Mary, FL 32746

11. E-mail Address: brdwwe@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager Mark Lomonaco

Date December 2, 2014

Daytime Phone # 610-745-3813

Typed or printed name of signing Authorized Representative/Manager Mark Lomonaco, Member