PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 MAR 11 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19000041295

1. Limited Liability Company's Name
PURE TEAM GLOBAL, LLC

T00038350418TT
03/11/22-01005--001 **516.25
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1465 S. FORT HARRISON AVE	1465 S. FORT HARRISON AVE
Suite, Apt. #, etc SUITE #100	Suite, Apt. #, etc SUITE #100
City & State CLEARWATER, FLORIDA	City & State CLEARWATER, FLORIDA
Zip / Country 33756	Zip / Country 33756

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
02/06/2019

6. FEI Number
83-4548164
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 HAYS STREET

Apt. #, Etc

City: TALLAHASSEE | State: FL | Zip Code: 32301

REINSTATEMENT
2020-2022

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: Corporation Service Company by Maureen DeCarlo Assistant Secetary
REGISTERED AGENT MUST SIGN
Date: 02/16/2022

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
AMBR	JARED R BURNETT	434 SAINT ANDREWS DR	BELLEAIR, FL 33756
MBR	HEATHER BURNETT	434 SAINT ANDREWS DR	BELLEAIR, FL 33756

11. E-mail Address: tomw@tewandassociates.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 2-17-22 Daytime Phone #: 806-317-7814

Typed or printed name of signing authorized representative/member: JARED R BURNETT

MAR - 8 2022

WILLIAMS