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
STATE
SEE, FL

DOCUMENT # L19000041295

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

T00383501877
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 Apt #, etc	
SUITE #100		SUITE #100	
City & State		City & State	
CLEARWATER, FLORIDA		CLEARWATER, FLORIDA	
Zip	Country	Zip	Country
33756		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	State	Zip Code
TALLAHASSEE	FL	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 DiCarlo Assistant Secetary Date 02/16/2022
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
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 - 3 2022

WILLIAMS