

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 22 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000348

1. Limited Liability Company's Name

FIRST TEAM BERMUDA LIMITED COMPANY

REINSTATEMENT

2000-2002

2. Principal Office Address

3772 W. Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3772 W. Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

USA

Zip

32808

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/26/96

6. FEI Number

59-3368168

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

J. Gregory Humphries, Esq.

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

300 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 1000

City

Orlando

State  
FL

Zip Code  
32801

700005391327-6

-04/30/02--01036-001

\*\*\*\*250.00 \*\*\*\*250.00

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

*J. Gregory Humphries*

REGISTERED AGENT MUST SIGN

Date 3/18/02

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
MGR	War Chest, Inc.	500 N. Maitland Ave. Suite 313	Maitland, FL 32751

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

*John Lumpkin*

Date

4/19/02

Daytime Phone #

407-622-8864

Typed or printed name of signing Managing Member/Manager

War Chest, Inc. By: John Lumpkin

CR2E041 (9/01)