

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 20 AM 10:23

CR2E041 (1/07)

DOCUMENT # L97000001152

1. Limited Liability Company's Name

Team Plastics Holdings, L.C.

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

2908 S. Ocean Boulevard

Suite, Apt. #, etc.

City & State

Highland Beach, FL

Zip

33487

Country

U.S.

3. Mailing Office Address

2908 S. Ocean Boulevard

Suite, Apt. #, etc.

City & State

Highland Beach, FL

Zip

33487

Country

U.S.

4. State/Country of Formation

Florida - U.S.

5. Date Organized or Qualified  
To Do Business in Florida

April 14, 1998

6. FEI Number

59-3485263

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

Barry Axelrod

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

2908 S. Ocean Boulevard

Suite, Apt. #, Etc.

City

Highland Beach

State

FL

Zip Code

33487

☐ 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

*Barry Axelrod*

REGISTERED AGENT MUST SIGN

Date

7/2/07

**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	Elias Muhlrud	186 N. Main Street	Florida, NY
MGR	Barry Axelrod	2908 S. Ocean Boulevard	Highland Beach, FL
			200106642232
			07/24/07-01054-0001**550.00
	FF \$450		
	RF 100		

REINSTATEMENT

99-01

BLT

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

*Barry Axelrod*

Date

7/2/07

Daytime Phone# 561-279-9571

Typed or printed name of signing Managing Member/Manager