L99000005258

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 26 PM 12:54

DOCUMENT # L99000005258

1. Limited Liability Company's Name
Career TEAM-Miami, LLC

2. Principal Office Address	3. Mailing Office Address
16301 N. Miami Ave	3496 Whitney Ave
Suite Apt. # etc. Suite 216	Suite Apt. # etc. Suite 201
City/State Miami, FL	City/State Hamden CT
Zip 33169 County USA	Zip 06518 County USA

4. State/Country of Formation FL, USA
5. Date Organized or Qualified To Do Business in Florida 6-24-99
6. FEI Number 65-0942765 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

8. Name and Address of Current Registered Agent

Name: Dawn Marshall, P.A.
Street Address P.O. Box Number Not Acceptable: 100 East Flagler Street
Suite Apt. # Etc.: Suite 1523
City: Miami
State: FL Zip Code: 33131

200001445823--6
-07/03/01--01069--001
****200.00 ****200.00

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: Dawn Marshall — REGISTERED AGENT MUST SIGN — Date: 5/31/01

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
MGRM	Christopher J. Kuselias	3496 Whitney Ave Suite 201	Hamden, CT 06518
MGRM	Susan C. Kuselias	" " "	" " "
		Rein	$100.00
		2000	50.00
	REINSTATEMENT 2000-01	200/	50.00
			200.00 nc

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 this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, 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: _____ Date: 5/14/01 Daytime Phone # 203-407-8800

Typed or printed name of signing Managing Member/Manager: Christopher J. Kuselias