· · · · · · · · · · · · · · · · · · ·	ASE BEAD A	ALL INST	BUCTIONS	BEFORE C	OMPLETI	ING THIS FO	BM	-	
APPLICATION FOR REINSTATEMEN		FLORIDA	A DEPARTMENT Sandra B. Mor Secretary of S	NT OF STATE tham State	1				
DOCUMENT. # M 5396					98 OCT 16 PM 3: 59				
1. Corporation Name									
Team Architecture, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address									
2602 S. Dixie Highway, Suite 4 West Palm Beach, Florida 33401 U.S.A. If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT96-98.				
			ng Office Address, If		4. Date Incorporated or Qualified To Do Business in Florida Mary 20 1995				
		Suite, Apt. #,	etc.		5. FEI Number Applied For				
City & State Cit		N/A City & State N/A			592537906 Not Applicable				
Zip Count	•	Zip N / A	Country N / A	-		OF STATUS DESIRED		ional Fee required ficate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation									
Title(s) and/or Directors			Off	eet Address of Each ficer and/or Director City / State / Zip se Post Office Box Numbers) 4					
P Fernando R. Prieto 75 St. D				Davids Wa	ıy	Wellingto	n, FL	33414_	
S Olga M. Prieto 7			75 St. 1	Davids Wa	ıy	Wellingto	n, FL	33414	
							<u></u>		
			5000026668751 -10/19/9801073012 ***1058.75 ***1058.75						
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent				
Fernando R. Prieto 75 St. Davids Way				N / A Street Address (P.O. Box Number is Not Acceptable)					
Wellington, Florida 33414				N/A Suite, Apt. #, Etc.					
				City N/A	City State Ztp Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with				N/A th and accept the ob	oligations of Section		FL :	N/A	
Signature of Registered Agent Jack C.P.L REGISTERED AGENT MUST SIGN Date October 14, 1998									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes XX No \(\sum_{\text{No }}\sum_{\text{or information on intangible tax.}}\)									
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Jall. Fernando R. Prieto 10.14.98 (561)835-0032									