

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006924

1. Corporation Name

3D T.E. A. M. FOUNDATION, INC.

Principal Place of Business

ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO FL 32801

Mailing Address

ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO FL 32801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2001

5. FEI Number

31-1807746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C/D	SCOTT, DENNIS E JR	9832 LAUREL VALLEY DR	WINDERMERE FL 34786
P/D	HOLLYFIELD, CHRIS	756 CORONA AVE	PALM BAY FL 32907
V/D	JACKSON, DARLENE	7319 BRIARLYN COURT	ORLANDO FL 32818
S/D	THOMAS, VAUGHN	9832 LAUREL VALLEY DR	WINDERMERE FL 34786

8. Name and Address of Current Registered Agent

COMPLETE BUSINESS SOLUTIONS, INC.

~~5275 BABCOCK ST~~
SUITE 2
PALM BAY, FL FL 32906

9. Name and Address of New Registered Agent

Name

Complete Business Solutions, Inc.

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

1805 CANOVA ST #

Suite, Apt. #, Etc.

2

City

Palm Bay

State

FL

Zip Code

32909

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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 filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02 (47)650-0001

Daytime Phone #