FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 15 PM 4:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # N03000008063

1. Corporation Name
TEAM DRAFTPICK, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7880 W. 20TH AVE		7333 MIAMI LAKES DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 44		#578	
City & State		City & State	
HIALEAH, FL.		MIAMI LAKES, FL.	
Zip	Country	Zip	Country
33016	US	33014	US

4. Date Incorporated or Qualified To Do Business in Florida 09/17/03

5. FEI Number 42-1620881 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
JOHN L. GAY JR.

Street Address (P.O. Box Number is Not Acceptable)
290 NW 183RD ST.

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI,	FL	33169

☑ The 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 reinstatement fee be waived.

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [signature] Date 5/13/08
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MIGUEL DIAZ	7880 W. 20TH AVE SUITE 44	HIALEAH, FL. 33016

REINSTATEMENT 05-08
B 5/15/08

10. I certify that I am an officer or director of 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 taxes 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 contained in Chapter 119, 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] 5/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : THE TAX DOCTOR, LLC.
Account Number : I20010000252
Phone : (305) 623-2083
Fax Number : (305) 620-1942

CORPORATION REINSTATEMENT

TEAM DRAFT PICK, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$490.00~~

$245.00

Plz Note the correct charge should be 245.00 See letter Attached Thank You.

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