## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A2PLICATION FOR	TLORIDA DEPARTM Kathe line ecre un	EAT STATE		Anna Japan	106L
REINSTATEMENT POSSO	D ION OLOF	ONS	_		
DOCUMENT # <b>P0000093509</b> 1. Corporation Name			01 0CT 29 PM 4: 52		
TEAM PLAYER CONSULTING, INC.			SECREJARY OF-STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	ace of Business Mailing Address		1184118811111	1 <b>2</b> 113 8617 8821 8811 8811 8811 8631 8631	DI BILLI BBILE JOH (22)
3036 ASHLAND TERR. Clearwater Fl 33761					
If above addresses are incorrect in any way, line through incorrect information and ente  2. New Principal Office Address, If Applicable  3. New Mailing Office Address,			Date Incorpor     To Do Busin	orated or Qualified ess in Florida 10/02/	/2000
Syll 155 Wood lands Blvd, Suite 185 W		Joodlands Bled. 5.			Applied For
OLDSMAR, FL City & State OLDSMAR, FL		mar, fl		73189	Not Applicable
2134677 Couple SA	<sup>zip</sup> 34677   <sup>co</sup>	untry	CERTIFICATE		Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Name of Officers Street Address of Each					
Title(s) and/or Directors	3			City / State / Zip	
P STACEY FOSTER IS		iss woodlands Blvd.		owsmar, A	34677
			2000046902225		
				****150.00 *	
				1.1	LS
				•	
8. Name and Address of Current Registered Agent Name.			9. Name and Address of New Registered Agent		
FOSTER, STACEY 3036 ASHLAND TERR.  CLEARWATER FL 33761  Suite Address Su			P.O. Box Number is Not Acceptable)  Ood (and 5)		
		City OLDSY	nar_	State Z	"34°017
10. I, being appointed the registered agent of the abo	ve named corporation, am familia	ar with and accept the o	bligations of Section	on 607.0505, F.S.	
Signature of Registered Agent RE	TOTAL PEQ			Date /0-24-0	<u> </u>
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the root this application is true and accurate, and my sic	olution has been eliminated, the c names of individuals listed on this	orporate name satisfies form do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0401,	F.S., that all fees

SIGNATURE: STATUS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Continue Phone #

10-24-01

2012

Team Player Consulting Inc., 1155 Woodlands Blvd. Oldsmar, FL 34677

October 24, 2001

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I did not receive a notice for corporation annual report. I am a new corporation and have recently changed addresses. This may have caused a delay.

I called your office and they stated to complete the Application for Reinstatement as well as attaching this letter with \$150.00 fee.

Please accept this for my reinstatement.

Regards,

Stacev Foster

Team Player Consulting, Inc.