

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 AUG 15 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000117659**

1. Corporation Name

A-TEAM FINANCIAL GROUP, INC

2. Principal Office Address

7235 N OAKMONT DR

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33015

Country

3. Mailing Office Address

7235 N OAKMONT DR

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33015

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/01

5. FEI Number

65-1158551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

GARCIA, Gelsys

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

7235 NORTH OAKMONT DR.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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]

REGISTERED AGENT MUST SIGN

Date **8-14-03**

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
PD	GARCIA, Gelsys	7235 NORTH OAKMONT DR Miami, FL 33015	Miami, FL 33015
VD	GARCIA, Pedro	7235 NORTH OAKMONT DR	Miami, FL 33015

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-14-03

Date

786-443-1281

Daytime Phone #

CR2E081 (9/99)