

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 21 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702000081996

1. Corporation Name

TEAM RESTORATION, INC.

2. Principal Office Address

815 SW 1ST CT

Suite, Apt. #, etc.

3. Mailing Office Address

815 SW 1ST CT

Suite, Apt. #, etc.

City & State

HALLANDALE FL

Zip

33009

Country

City & State

HALLANDALE FL

Zip

33009

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

03-0475691

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

RAYMOND MARTINEAU

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

815 SW 1ST CT

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

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 APRIL 13, 04

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	RAYMOND MARTINEAU	815 SW 1ST CT	HALLANDALE, FL 33009

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04/20/04--01060--007 **900.00

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)(f), 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

APRIL 13, 04

Date

(954) 274-8326

Daytime Phone #

CR2E081 (01/04)