


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000018674 1. Entity Name TEAM COMPUTER INC.	
---	---

FILED
09 MAR 16 PM 2: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7961 NW 14 STREET DORAL, FL 33126 US	Mailing Address 12456 SW 125 STREET MIAMI, FL 33186 US
--	--

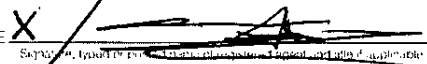
2. Principal Place of Business - No P.O. Box # 11700 NW 101 Road #1	3. Mailing Address 11700 NW 101 Road
Suite, Apt. #, etc. Suite 16	Suite, Apt. #, etc. Suite 16

City & State Miami Florida	City & State Miami Florida
Zip 33178	Country USA


REINSTATEMENT 08-09
 03052009 0511 08 MAR 09 11:05

4. FCI Number 51-0577245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTINIANO, LUIS M 7961 NW 14 STREET DORAL, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

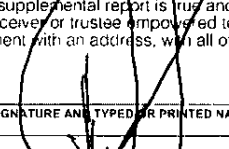
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">D/P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAY, OSCAR G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7961 NW 14 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33126</td> <td></td> </tr> </table>	TITLE	D/P	<input type="checkbox"/> Delete	NAME	TAY, OSCAR G		STREET ADDRESS	7961 NW 14 STREET		CITY-ST-ZIP	DORAL, FL 33126		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">President</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OSCAR TAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9011 SW 122 AVE #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33186</td> <td></td> </tr> </table>	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	OSCAR TAY		STREET ADDRESS	9011 SW 122 AVE #204		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D/P	<input type="checkbox"/> Delete																							
NAME	TAY, OSCAR G																								
STREET ADDRESS	7961 NW 14 STREET																								
CITY-ST-ZIP	DORAL, FL 33126																								
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	OSCAR TAY																								
STREET ADDRESS	9011 SW 122 AVE #204																								
CITY-ST-ZIP	MIAMI FL 33186																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">VP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OTINIANO, LUIS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7961 NW 14 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33126</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	OTINIANO, LUIS M		STREET ADDRESS	7961 NW 14 STREET		CITY-ST-ZIP	DORAL, FL 33126		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">TREASURY</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LUIS OTINIANO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9011 SW 122 AVE #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33186</td> <td></td> </tr> </table>	TITLE	TREASURY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LUIS OTINIANO		STREET ADDRESS	9011 SW 122 AVE #204		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	OTINIANO, LUIS M																								
STREET ADDRESS	7961 NW 14 STREET																								
CITY-ST-ZIP	DORAL, FL 33126																								
TITLE	TREASURY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	LUIS OTINIANO																								
STREET ADDRESS	9011 SW 122 AVE #204																								
CITY-ST-ZIP	MIAMI FL 33186																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">SECRETARY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SYLVANA AIVARADO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13301 SW 101 St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33186</td> <td></td> </tr> </table>	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SYLVANA AIVARADO		STREET ADDRESS	13301 SW 101 St		CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	SYLVANA AIVARADO																								
STREET ADDRESS	13301 SW 101 St																								
CITY-ST-ZIP	MIAMI FL 33186																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JUAN MANRIQUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12330 WASHINGTON BRICE Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FAIRFAX VA 22023</td> <td></td> </tr> </table>	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JUAN MANRIQUE		STREET ADDRESS	12330 WASHINGTON BRICE Rd		CITY-ST-ZIP	FAIRFAX VA 22023	
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	JUAN MANRIQUE																								
STREET ADDRESS	12330 WASHINGTON BRICE Rd																								
CITY-ST-ZIP	FAIRFAX VA 22023																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900145938279
03/16/09--01051--021 **300.00