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	Mailing Address
7961 NW 14 STREET DORAL, FL 33126 US	12456 SW 125 STREET MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11700 NW 101 Road #1	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	Zip 33178 / Country USA

030316 REINSTATEMENT 08-09

4. FEI Number 51-0577245 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OTINIANO, LUIS M 7961 NW 14 STREET DORAL, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 X
Signature, typed or printed name, of registered agent, and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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	
TITLE	D/P ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	TAY, OSCAR G	NAME	OSCAR TAY
STREET ADDRESS	7961 NW 14 STREET	STREET ADDRESS	9011 SW 122 AVE #204
CITY-ST-ZIP	DORAL, FL 33126	CITY-ST-ZIP	MIAMI FL 33186
TITLE	VP ☐ Delete	TITLE	Treasury ☒ Change ☐ Addition
NAME	OTINIANO, LUIS M	NAME	Luis OTINIANO
STREET ADDRESS	7961 NW 14 STREET	STREET ADDRESS	9011 SW 122 AVE #204
CITY-ST-ZIP	DORAL, FL 33126	CITY-ST-ZIP	MIAMI FL 33186
TITLE	☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME		NAME	SYLVANA Alvarado
STREET ADDRESS		STREET ADDRESS	13301 SW 101 St
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33186
TITLE	☐ Delete	TITLE	MMgr ☐ Change ☒ Addition
NAME		NAME	JUAN MANRIQUE
STREET ADDRESS		STREET ADDRESS	12330 WASHINGTON Brice Rd
CITY-ST-ZIP		CITY-ST-ZIP	FAIRFAX VA 22023
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900145938279
STREET ADDRESS		STREET ADDRESS	03/16/09--01051--021 **300.00
CITY-ST-ZIP		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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #