PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 20 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032642

1. Corporation Name
**TEAMWORK III, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2525 AURORA RD., #104~~<br>~~MELBOURNE FL 32935~~<br>700-C S. JOHN RODES BLVD.<br>WEST MELBOURNE, FL. 32904 | 415 MAGNOLIA AVE.<br>MELBOURNE BEACH FL 32951 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 700 S. JOHN RODES BLVD | |
| Suite, Apt. #, etc.: C | Suite, Apt. #, etc.: |
| City & State: W. MELBOURNE, FL | City & State: |
| Zip: 32904 Country: BREVARD | Zip: Country: |

4. Date Incorporated or Qualified To Do Business In Florida: 04/24/1995

5. FEI Number: 65-0625362 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| D | HOCHSTETLER, DAVID J | ~~3074 GRACE ST.~~<br>1577 BREESE ST. | ~~WEST MELBOURNE FL 32904~~<br>PALM BAY, FL. 32905 |
| ~~D~~ | ~~CLEMENTE, JOSEPH G~~ | ~~415 MAGNOLIA AVE.~~ | ~~MELBOURNE BEACH FL 32951~~ |
| D | CLEMENTE, CORNELIA | 415 MAGNOLIA AVE. | MELBOURNE BEACH FL 32951 |
| D | DOWNEY, TIMOTHY | 415 ATZ ROAD | MALABAR, FL 32909 |
| | | REINSTATEMENT | 1996 |
| | | | A. Clem 12/20/96 |

8. Name and Address of Current Registered Agent

800002039038--3
-12/27/96--01043--003
****375.00 ****375.00

CLEMENTE, CORNELIA
~~2525 AURORA RD., #140~~
~~MELBOURNE FL 32935~~

9. Name and Address of New Registered Agent

Name: CLEMENTE, CORNELIA
Street Address (P.O. Box Number is Not Acceptable): 415 MAGNOLIA AVE.
Suite, Apt. #, Etc.:
City: MELBOURNE BEACH State: FL Zip Code: 32951

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Cornelia Clemente Dep. Date: Dec. 19, 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: David J Hochstetler 12/11/96 407 725 4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017433 AF