

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000095155 (4)

1. Corporation Name
THE A TEAM, INC.

Principal Place of Business
**203 S. Atlantic Avenue
 New Smyrna Beach
 Florida 32169**

Mailing Address
**203 S. Atlantic Avenue
 New Smyrna Beach
 Florida 32169**

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

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D,P,T	Dawn Douglas	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169
V	Anne McArdle	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169
D,S	Dawn Douglas Katherine Harris	203 S. Atlantic Avenue	New Smyrna Beach, FL 32169

8. Name and Address of Current Registered Agent

**Joanne M. Fegan
 203 S. Atlantic Avenue
 New Smyrna Beach, Florida 32169**

9. Name and Address of New Registered Agent

Name
Dawn Douglas
 Street Address (P.O. Box Number is Not Acceptable)
203 S. Atlantic Avenue
 Suite, Apt #, Etc.
 City
New Smyrna Beach State
FL Zip Code
32169

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

 REGISTERED AGENT MUST SIGN

Date
02-17-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-99 **904-428-8901**
 Date Daytime Phone #

FILED
 99 FEB 24 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

Handwritten notes:
 08-29-99
 100
 2/10/99

4. Date Incorporated or Qualified To Do Business in Florida
12/13/95

5. FEI Number
59-3346795

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

Applied For
 Not Applicable

CORPORATE 12-98