

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
CORPORATIONS

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DOCUMENT # PA7000051513

**1. Corporation Name**

Team Personnel Services, Inc.

**2. Principal Office Address**

6363 Taft Street

Suite, Apt. #, etc.

# 300

City & State

Hollywood Fl.

Zip

33024

Country

U.S.A.

**3. Mailing Office Address**

6363 Taft Street

Suite, Apt. #, etc.

# 300

City & State

Hollywood Fl.

Zip

33024

Country

U.S.A.

**REINSTATEMENT**

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

06/11/97

**5. FEI Number**

65-0759421

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

Olairbe, Ola

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

18441 N.W. 2nd Ave

Suite, Apt. #, Etc.

Ste #220

City

Miami

State

FL

Zip Code

33169

**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

REGISTERED AGENT MUST SIGN

Date

11/6/2000

**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
DPVS	Webb, Dorothy L.	6363 Taft Street	Hollywood Fl. 33024
T	Webb, Dorothy L.	6363 Taft Street	Hollywood Fl. 33024
			AD

**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)(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

Date

10/3/00 954-9835800

Daytime Phone #