

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P97000101662**

1. Corporation Name

**TEAM EXPERIENCE, INC.**

Principal Place of Business

9367 FIRST ST. NE  
ST. PETERSBURG FL 33702

Mailing Address

9367 FIRST ST. NE  
ST. PETERSBURG FL 33702

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1997

5. FEI Number

59-3486667

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75. 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	4 City / State / Zip
PS	HERDEGEN, EVA	9367 FIRST ST NE	ST PETERSBURG FL 33702
VPT	HERDEGEN, MICHAEL J	9367 FIRST ST NE	ST PETERSBURG FL 33702

300003034893-8  
-11/03/99--01065--004  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

HERDEGEN, EVA  
9367 FIRST ST. NE  
ST. PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Eva R. Herdegen*

REGISTERED AGENT MUST SIGN

Date

10/25/99

11. 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.

**KE**

SIGNATURE:

*Eva R. Herdegen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Date

727-579-4455

Daytime Phone #