

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



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

FILED
May 10 2000 8:00 am
Secretary of State

DOCUMENT #

1. Corporation Name

098000047999
TEAM BORDERLINE INC

2. Principal Office Address

3603 W WATERS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3603 W WATERS AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33614

Country

HUSBOROUGH

City & State

TAMPA, FL

Zip

33614

Country

HUSBOROUGH

REINSTATEMENT

09-100

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/98

5. FEI Number

65-0837917

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

MICHAEL E. HOLTON

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

11469 BENSHOFF AVE

Suite, Apt. #, Etc.

City

BROOKSVILLE

State
FL

Zip Code

34601

700003296747-6
-06/20/00-01038-013
*****900.00 *****900.00

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

Michael E. Holton

REGISTERED AGENT MUST SIGN

Date 5/7/00

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
PRES	MICHAEL E. HOLTON	11469 BENSHOFF AVE	BROOKSVILLE, FL 34601
VP	CONNIE POWERS	10507 N OTIS AVE	TAMPA, FL 33612
			KE

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

Michael E. Holton MICHAEL E. HOLTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/00

Date

813/935-5339

Daytime Phone #

CR2E081 (9/99)