

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000089132**

1. Corporation Name

First team Investments, Inc.

2. Principal Office Address

8362 pines Blvd

Suite, Apt. #, etc.

234

City & State

pembroke pines, FL

Zip

33024

Country

Broward

3. Mailing Office Address

8362 pines Blvd

Suite, Apt. #, etc.

234

City & State

pembroke pines, FL

Zip

33024

Country

Broward

800035554578
05/06/04--01016--023 **1358.75

REINSTATEMENT 0004

4. Date Incorporated or Qualified
To Do Business in Florida

October 11-1999

5. FEI Number

65-0957873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HARVEY, BRANKER & ASSOCIATES

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

3816 Hollywood Boulevard

Suite, Apt. #, Etc.

SUITE 203

City

Hollywood

State

FL

Zip Code

33021

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

Federick A. Mobley

Date **4/30/04**

REGISTERED AGENT MUST SIGN

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
president	Federick Mobley	9140 KILAKE MIRAMAR CIR MIRAMAR FL	33025

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

4-27-04

Daytime Phone #

305 978-3784

CR2E081 (01/04)