


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN -6 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F07000004615**  
1. Entity Name  
TEMPLE MANAGEMENT COMPANY UK



**Principal Place of Business**  
13 NEWQUAY CLOSE, PARK HALL, WALSALL  
MIDLANDS WS5 3SP U.K.,

**Mailing Address**  
BALLANCE AND LOWBRIDGE  
67 MRKET STREET  
HEDNESFORD STAFFS W512 1AD, UK

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
*cto Jan Doughty CPA*


Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*3000 N. ATLANTIC AVE #203*

City & State  
*Cocoa Beach FL*

Zip  
*32931*

Country  
*USA*



**REINSTATEMENT**

110-2008-REIN-STATEMENT-FC08 (1/07) *08*

4. FEI Number  
*98-1807060*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Applied For  Not Applicable

**6. Name and Address of Current Registered Agent**

DOUGHTY, JAN CPA  
3000 W ATLNTIC AVE.  
#203  
COCOA BEACH, FL 32931

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CHRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLARD, KENNETH R		NAME		
STREET ADDRESS	13 NEWQUAY CLOSE, PARK HALL WALSALL		STREET ADDRESS		
CITY-ST-ZIP	WEST MIDLANDS WS5 3SP U.K.,		CITY-ST-ZIP	<i>4001 3969684</i>	<i>01/06/09--01019--013 **150.00</i>
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<i>7/1/14</i>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *KRMILLWARD* **MILLWARD** **19 DEC 08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 19 DEC 08 Daytime Phone # \_\_\_\_\_