

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	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 40 Jan Doughty CPA 3000 N. ATLANTIC AVE #203 Suite, Apt. #, etc. Cocoa Beach FL City & State 32931 USA Zip Country
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REINSTATEMENT (1/07) **08**

110. ADDITIONAL FEES

4. FEI Number **98-1807060** Applied For
 Not Applicable

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

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
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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 NAME STREET ADDRESS CITY-ST-ZIP	CHRM <input type="checkbox"/> Delete MILLARD, KENNETH R 13 NEWQUAY CLOSE, PARK HALL WALSALL WEST MIDLANDS WS5 3SP U.K.,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 4001 3369684 01/06/09--01019--013 **150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Daytime Phone #