

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000004362

Entity Name: MOMENTEMPS LTD., INC.

FILED
Oct 01, 2009
Secretary of State

Current Principal Place of Business:

5524 LAFLEUR TRAIL
LITHONIA, GA 30038

New Principal Place of Business:

Current Mailing Address:

% PAUL DARAGJATI P.L.C.
5530 BEACH BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

% BSC FACILITY MANAGEMENT
140 AUBURN PARK DRIVE
AUBURN, GA 30011

FEI Number: 61-1464028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DARAGJAT, PAUL A ESQ.
5530 BEACH BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BIG APPLE
911 S VOLUSCIA AVE
ORANGE CITY, FL 32763 US

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.

SIGNATURE: CHARLES SHEPHERD

10/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BONNER, MARK
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

Title: VCHR () Delete
Name: KITCHEN, ANDREW
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

Title: V () Delete
Name: KITCHEN, ANDREW
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

Title: P () Delete
Name: BONNER, MARK
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

Title: S () Delete
Name: ANDERSON, JESSICA
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

Title: T () Delete
Name: BONNER, DAVINA
Address: 5524 LAFLEUR TRAIL
City-St-Zip: LITHONIA, GA 30038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SHEPHERD

BSC

10/01/2009

Electronic Signature of Signing Officer or Director

Date