

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000022764

1. Limited Liability Company's Name

Temple & Side Pond, LLC

FILED

04 JAN 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800027332878
01/21/04--01027--002 **100.00

2. Principal Office Address

5025 West Winds Dr.

3. Mailing Office Address

5025 West Winds Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/28/01

6. FEI Number

300014853

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Yukito Sasaki

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

4627 Cason Cove Dr.

Suite, Apt. #, Etc.

#1424

City

Orlando

State

FL

Zip Code

32811

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date 01/12/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Paul Ghiglieri	5025 West Winds Dr.	Orlando, FL 32819

1/27/04
must

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 01/12/04 Daytime Phone # 407-226-2662

Typed or printed name of signing Managing Member/Manager

Paul Ghiglieri

CR20041 (10/02)