

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 DEC 31 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022764

Name and Mailing Address

0000913 01 FP 0.352 **PRSR T3 0 0615 32819-354125



TEMPLE & SIDE POND, LLC
5025 WEST WINDS DR.
ORLANDO FL 32819-3541



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/28/2001

Principal Place of Business

5025 WEST WINDS DR.
ORLANDO FL 32819

3. New Principal Place of Business Address

City, State, Zip

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

4000009758844
12/31/02--01025--001 **150.00

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 12/26/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MIYADERA, HIROSHI	5025 WEST WINDS DR.	ORLANDO FL 32819
MGRM	HOSOI, KEN	5025 WEST WINDS DR.	ORLANDO FL 32819
MGRM	YOKOTA, KATSUMI	5025 WEST WINDS DR.	ORLANDO FL 32819
MGRM	IKEDA, TORU	5025 WEST WINDS DR.	ORLANDO FL 32819
MGRM	HIKONE, YOSHIKO	5025 WEST WINDS DR.	ORLANDO FL 32819

REINSTATEMENT 2002

12. 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

宮崎 浩

Date 12/20/02

Daytime Phone #

407-523-5926

Typed or printed name of signing Managing Member/Manager

Hiroshi Miyadera