

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L01000022764

Name and Mailing Address

0003808 01 AT 0.292 \*\*AUTO T6 0 0615 32819-354125



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

200024569682  
11/10/03--01086--025 \*\*150.00



2. New Mailing Address

5025 WEST WINDS DR.

City, State, Zip

ORLANDO, FL 32819-3541

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

30-0014853

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

YUKITO SASAKI

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

4627 CASON COVE DR. APT#1424

City

ORLANDO

FL

Zip Code

32811

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 11/7/03

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

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

Date 11/7/03

Daytime Phone # 407-226-2662

Typed or printed name of signing Managing Member/Manager