

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000073171 1. Entity Name TEMPLE TERRACE LAND CORP.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 08 OCT 16 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 111 SW 3RD STREET PH MIAMI, FL 33130		Mailing Address 111 SW 3RD STREET PH MIAMI, FL 33130			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8784610	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK & MCCORMICK, LLP 111 SW 3RD STREET PH MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
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	PD HOYER, STEFAN 111 S.W. 3RD ST., PH MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700136989267 10/16/08--01055--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VIGO, JOEL 111 S.W. 3RD STREET, PH MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOYER, STEFAN 111 S.W. 3RD ST, PH MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10-15-08 786-271-9039 Date Daytime Phone #		