

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000078992**

1. Corporation Name

Tempool Incorporated

2. Principal Office Address

10966 indies Dr S

Suite, Apt. #, etc.

City & State

Jax Fla

Zip

32246

Country

Duval

3. Mailing Office Address

10966 indies Dr S

Suite, Apt. #, etc.

City & State

Jax Fla

Zip

32246

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

8 31 1999

5. FEI Number

593611033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Jonathan D Temple

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

10966 indies Dr S

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32246

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jon Temple

REGISTERED AGENT MUST SIGN

Date **10 19 00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PP	Jonathan D Temple	10966 indies Dr S	Jax Fla 32246
VP	Jonathan D Temple	10966 indies Dr S	Jax Fla 32246
S	Jonathan D Temple	10966 indies Dr S	Jax Fla 32246

REINSTATEMENT 10 19 00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Jon Temple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 19 00

Date

904 704 652C

Daytime Phone #

CR2E081 (9/99)