

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **597731**

1. Corporation Name

TEMP-Rite INC.

2. Principal Office Address

512 BISCAYNE DR

Suite, Apt. #, etc.

3. Mailing Office Address

512 BISCAYNE DR

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33401

Country

Palm Beach

City & State

West Palm Beach FL

Zip

33401

Country

Palm Beach

REINSTATEMENT

910-00

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

12-04-91

5. FEI Number

65-0311853

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

JOEL R JOHNSON

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

512 BISCAYNE DR

Suite, Apt. #, Etc.

500003213605-8

-04/18/00--01117--010

*****1350.00 ***1350.00**

City

West Palm Beach

State
FL

Zip Code

33401

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

Joel R Johnson

REGISTERED AGENT MUST SIGN

Date **3-31-2000**

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
T	JOEL R JOHNSON	512 BISCAYNE DR	WPB FL 33401
P	JOEL R JOHNSON	512 BISCAYNE DR	WPB FL 33401
S	JOEL R JOHNSON	512 BISCAYNE DR	WPB FL 33401
V	JOEL R JOHNSON	512 BISCAYNE DR	WPB FL 33401
			LS

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:

Joel R Johnson

Joel R. Johnson

3-31-2000 561 820-9074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)