

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 AM 11:02

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

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

SAME

Zip

33401

Country

Palm Beach

Zip

Country

REINSTATEMENT

02-24

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/1991

5. FEI Number

650311853

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.

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Joel R Johnson

REGISTERED AGENT MUST SIGN

Date

4-27-04

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
TPSV	JOEL R. JOHNSON	512 BISCAYNE DR	WEST Palm Beach FL 33401

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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-04

Daytime Phone #

CR2E081 (01/04)