

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J18940

1. Entity Name
DENNIS P. KOEHLER, P.A.



Principal Place of Business
CENTRAL SQUARE
3974 OKEECHOBEE BLVD STE 2
W. PALM BCH., FL 33409

Mailing Address
CENTRAL SQUARE
3974 OKEECHOBEE BLVD STE 2
W. PALM BCH., FL 33409

2. Principal Place of Business - No P.O. Box #

2511 WESTGATE AVENUE

3. Mailing Address

2511 WESTGATE AVENUE

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SUITE 7

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

10242008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2696075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEHLER, DENNIS P ESQ.
CENTRAL SQUARE
3974 OKEECHOBEE BLVD STE 2
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name DENNIS P. KOEHLER

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

2511 WESTGATE AVENUE

SUITE 7

City WEST PALM BEACH

FL

Zip Code

33409

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

Dennis P. Koehler DENNIS P. KOEHLER

10/28/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
NAME KOEHLER, DENNIS P
STREET ADDRESS 1966 RICHARD LANE
CITY-ST-ZIP W. PALM BCH., FL 33406 ☐ Delete

TITLE D
NAME KOEHLER, GAY M
STREET ADDRESS 1966 RICHARD LANE
CITY-ST-ZIP W. PALM BCH., FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

Dennis P. Koehler DENNIS P. KOEHLER

10/28/08

561-684-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUL 17 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

