2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000114669

1. Entity Name
JOHN LORING BISCHOF PA

FILED
10 OCT 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
3051 HIGHLAND OAKS TERRACE 3 TALLAHASSEE, FL 32301	3051 HIGHLAND OAKS TERRACE 3 TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
241 E. 6th Avenue	P.O. Box 13237
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee FL ~~32317~~
Zip: 32301 / Country:	Zip: 32317 / Country:

4. FEI Number: 34-2009406 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISCHOF, JOHN L 5080 TALLOW POINT RD TALLAHASSEE, FL 32309	Name: John L. Bischof Street Address (P.O. Box Number is Not Acceptable): 2329 Limerick Drive City: Tallahassee FL Zip Code: 32309

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: John L Bischof — 10/27/2010
Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2011, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	BISCHOF, JOHN L	NAME	BISCHOF, JOHN L.
STREET ADDRESS	5080 TALLOW POINT RD	STREET ADDRESS	2329 Limerick Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tallahassee, FL 32309
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	JB 10/27
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	800187152458
STREET ADDRESS		STREET ADDRESS	10/27/10--01029--014 **750.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: John L Bischof — 10/27/10 — 850-894-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #