2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED

10 OCT 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114669

1. Entity Name
JOHN LORING BISCHOF PA

REINSTATEMENT 10

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 ~~32357~~
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 previously filed) (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BISCHOF, JOHN L 5080 TALLOW POINT RD TALLAHASSEE, FL 32309	☐ Delete	P BISCHOF, JOHN L. 2329 Limerick Drive Tallahassee, FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	JB 10/27	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800187152458 10/27/10--01029--014 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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, 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 #