

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000000329

1. Entity Name
MARK L KINCHLA & COMPANY INC



Principal Place of Business
1231 N ORANGE AVENUE
B
ORLANDO, FL 32802

Mailing Address
1231 N ORANGE AVENUE
B
ORLANDO, FL 32802

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007

REIN-P

CR2E098 (1/07)

4. FEI Number

☒ 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

TANNER, MARCIE L
1231 N ORANGE AVENUE
B
ORLANDO, FL 32802

Name

MARK KINCHLA

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

1231 B N. ORANGE AVE

City

ORLANDO

FL

Zip Code

32804

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/5/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
KINCHLA, MARK L
STREET ADDRESS 1231 N ORANGE AVENUE B
CITY-ST-ZIP ORLANDO, FL 32802

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400110730834
CITY-ST-ZIP 10/12/07--01029--015 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400110730834
CITY-ST-ZIP 12/11/07--01042--006 **100.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/07 4074689165