

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000022752

1. Corporation Name

JONATHAN C. KOCH, P.A.

2. Principal Office Address

100 S. ASHLEY DR.

Suite, Apt. #, etc.

STE. 1290

City & State

TAMPA FL

Zip

33602

Country

USA

3. Mailing Office Address

POST OFFICE BOX 2311

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33601

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/93

5. FEI Number

593171231

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

JONATHAN C. KOCH

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

100 S. ASHLEY DR.

Suite, Apt. #, Etc.

STE. 1290

City

TAMPA

State

FL

Zip Code

33602

000025900240
12/31/03--01058--015 **90.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jonathan C. Koch
REGISTERED AGENT MUST SIGN

Date

11/17/03

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
D	JONATHAN C. KOCH	100 S. ASHLEY DR., STE 1290	TAMPA FL 33602
P	JONATHAN C. KOCH	100 S. ASHLEY DR., STE 1290	TAMPA FL 33602

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)(i), 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:

Jonathan C. Koch, Pres. / JONATHAN C. KOCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/03
813 273 9311

CR2E081 (10/02)