



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000022752 1. Entity Name JONATHAN C. KOCH, P.A.						FILED 04 DEC 30 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 100 S ASHLEY DR SUITE 1290 625 E. Twiggs St. TAMPA, FL 33602				Mailing Address P.O. BOX 2311 TAMPA, FL 33601 US			
2. Principal Place of Business 625 E. Twiggs St. Suite, Apt. #, etc. Suite 100		3. Mailing Address Suite, Apt. #, etc. 		 REINSTATEMENT 2004			
City & State Tampa FL		City & State 					
Zip 33602		Zip 					
4. FEI Number 59-3171231				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KOCH, JONATHAN C 100 S ASHLEY DR SUITE 1290 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Jonathan C. Koch Street Address (P.O. Box Number is Not Acceptable) 625 E. Twiggs Street Suite 100 City Tampa FL Zip Code 33602			
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 <u>Jonathan C. Koch</u> 12/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, JONATHAN C 100 S ASHLEY DR SUITE 1290 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONATHAN C. KOCH 625 E. TWIGGS STREET TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCH, JONATHAN C. 100 S. ASHLEY DRIVE, SUITE 1290 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONATHAN C. KOCH 625 E. TWIGGS STREET TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jonathan C. Koch</u> 12/27/04 8134782598 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							