

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077393

1. Corporation Name

KOHN CONSULTANTS, CO.

2. Principal Office Address - No P.O. Box #

7649 MOUNT CARMEL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32835

Country

USA

3. Mailing Office Address

7649 MOUNT CARMEL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32835

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1996

5. FEI Number

59-3407207

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

KOHN, DAVID

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

8212 FIRENZE BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

DAVID KOHN

REGISTERED AGENT MUST SIGN

Date 3/21/07

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
PSTD	KOHN, DAVID	8212 FIRENZE BLVD.	ORLANDO, FL 32836
VP	KOHN, SHOSHANA	8212 FIRENZE BLVD.	ORLANDO, FL 32836

REINSTATEMENT

04-07

B 3/22/07

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04/04/07-01027-022 \*\*1200.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

407-370-6400

Daytime Phone #

DAVID KOHN, PRESIDENT