


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000077393		
1. Entity Name KOHN CONSULTANTS, CO.		

FILED
08 DEC 11 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7649 MOUNT CARMEL DRIVE ORLANDO, FL 32835 US	Mailing Address 7649 MOUNT CARMEL DRIVE ORLANDO, FL 32835 US
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2. Principal Place of Business - No P.O. Box # 8212 FIRENZE BLVD	3. Mailing Address 8212 FIRENZE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL.
Zip 32836	Country ORANGE
Zip 32836	Country ORANGE



6. Name and Address of Current Registered Agent KOHN, DAVID 8212 FIRENZE BLVD ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: DAVID KOHN DATE: 12-5-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOHN, DAVID 8212 FIRENZE BLVD ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000188954610 12/11/08--01020--003 **458.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOHN, SHOSHANA 8212 FIRENZE BLVD ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138954610 12/11/08--01020--003 **150.00
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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
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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 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: DAVID KOHN DATE: 12-5-08 DAYTIME PHONE: 407-370-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR