2008 FOR PROFIT CORPORATION REINSTATEMENT

	11017			<u></u>
DOCUMENT # P96000077393				FILED
1. Entity Name KOHN CONSULTANTS, CO.				08 DEC 11 PM 3= 06
				SECRETARY OF STATE
Principal Place of Business Mailing Address 7649 MOUNT CARMEL DRIVE 7649 MOUNT CARMEL DRIV			NDIVE	SEGRETARY OF STATE TALLAHASSEE, FLORIDA
ORLANDO, FL 32835 US ORLANDO, FL 32835 US			US	and the second second
Principal Place of Business - No P.O. Box # 3. Mailing Address				
8212 FIRENZE BLVD 8212 FIRENZE			NZE BLVD	
Suite, Apt. #, etc. Suite, Apt. #, etc.			1208200 1208200 1 1208200	
ORLANDO FL		City & State ORLA	NOO FL.	4. FEI Number Applied For 59-3407207 Not Applicat
Zip 32	836 Country ORANGE	Zip 32836	Country ORANGE	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
KOHN, DAVID 8212 FIRENZE BLVD Street			Street Addres	s (P.O. Box Number is Not Acceptable)
ORLANDO, FL 32836				
]			City	FL Zip Code
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 YM. DAVID KOHN 12-5-88				
Signature, typed of only a name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE				
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., t corporation did not receive the prior notice.				
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSTD KOHN, DAVID	☐ Delete	TITLE NAME	Change Additi
STREET ADDRESS City-ST-ZIP	8212 FIRENZE BLVD ORLANDO, FL 32836		STREET ADDRESS CITY-ST-ZIP	12/11/08 - 10/20 - 1003 ** 458.75
TITLE	V V	☐ Delete	TITLE	☐ Change ☐ Additi
NAME STREET ADDRESS	KOHN, SHOSHANA 8212 FIRENZE BLVD		NAME STREET ADDRESS	000138954610 12/11/0801020003 **150,00
CITY-ST-ZIP	ORLANDO, FL 32836	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-S1-ZIP	
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STREET ADDRESS CITY-ST-ZIP	Biolin		STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS	· •		NAME STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		2000	name Street address	
CHY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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 it 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: 12-5-08 437-370-6400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayLine Priorie 4				
SIGNATURE AND TYPED OR PRATEE NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Phone a				