

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 29 AM 9:49

**DOCUMENT # P97000009484**

1. Corporation Name

KCH Consulting, Inc.

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

18135 Longwater Run Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

18135 Longwater Run Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/30/1997

5. FEI Number

593424545

☐ 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

Robert L. Greenhalgh

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

18135 Longwater Run Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

700183240807  
07/13/10--01017--009 \*\*2100.00

700183240807  
07/29/10--01031--010 \*\*300.00

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

REGISTERED AGENT MUST SIGN

Date 7/12/10

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	Robert L. Greenhalgh	18135 Longwater Run Dr	Tampa, FL 33647

10. E-mail Address: bgreen@copiinc.com

(To be used for future annual report notification)

11. 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. I further certify, 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

7/12/10

Date

813-907-9678

Daytime Phone #