

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 695746

1. Corporation Name

Christiansen & Dehner, P.A.

2. Principal Office Address

63 Sarasota Center Blvd.

3. Mailing Office Address

63 Sarasota Center Blvd.

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240

Country

US

Zip

34240

Country

US

FILED

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SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-06

CR2E081 (12/05)

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

08-01-1981

5. FEI Number

59-2109250

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

Scott R. Christiansen

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

63 Sarasota Center Blvd.

Suite, Apt. #, Etc.

Suite 107

City

Sarasota

State

FL

Zip Code

34240

700079509607

09/06/06--01020--017 **1090.00

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

Date

8/29/06

REGISTERED AGENT MUST SIGN

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
PT	H. Lee Dehner	7725 Red Cedar Land	Sarasota, FL 34241
VS	Scott R. Christiansen	7020 Beechmont Terr.	Bradenton, FL 34202

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:

Scott R. Christiansen 8/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-377-2200

LAW OFFICES

CHRISTIANSEN & DEHNER, P.A.

63 SARASOTA CENTER BLVD.
SUITE 107
SARASOTA, FLORIDA 34240

SCOTT R. CHRISTIANSEN
H. LEE DEHNER

PHONE: (941) 377-2200
FAX: (941) 377-4848

2072

August 29, 2006

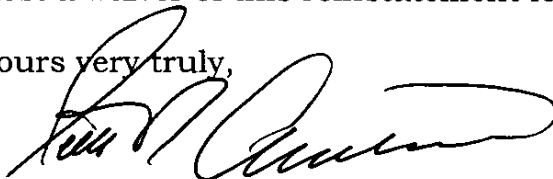
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: CHRISTIANSEN & DEHNER, P.A.
REINSTATEMENT

Gentlemen:

In March of 1999 I filed our annual report with the change of address indicated on the form. (copy attached) I have not received an annual report since that date and our corporation was involuntarily dissolved in September of 2000. For this reason I request a waiver of this reinstatement fee.

Yours very truly,



Scott R. Christiansen

SRC/gll