

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY -7 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J18752**

**1. Corporation Name**

Michael D. Dresner ODP

**2. Principal Office Address**  
1752 Valencia Ave

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

**3. Mailing Office Address**  
1752 Valencia Ave.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

**4. Date Incorporated or Qualified**  
To Do Business in Florida 6/9/1986

**5. FEI Number**  
59 2689970

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

Harvey Paul Muslin Sheila D. Norman

Street Address (P.O. Box Number is Not Acceptable)  
1905 West Kennedy Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

100035731681  
05/07/04 01012 010 \*\*450-00

**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

Sheila D. Norman

REGISTERED AGENT MUST SIGN

Date 4-27-04

**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
P	Michael D. Dresner	1752 Valencia Ave.	Ormond Beach, FL 32174
Sec/Tr	Regina Dresner	3552 Forrest Branch Drive	Port Orange, FL 32129

**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 under section 119.07(3)(i), 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

4/23/04

Date

386 615-6895

Daytime Phone #

CR2E081 (01/04)