

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000015735

1. Corporation Name

DREHSEN PROFESSIONAL SERVICE CORPORATION

Principal Place of Business

1639 FORUM PLACE  
SUITE 7  
WEST PALM BEACH FL

Mailing Address

1639 FORUM PLACE  
SUITE 7  
WEST PALM BEACH FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2335 Umerton Road

Suite, Apt. #, etc.

Suite 27

City & State

Clearwater, FL

Zip 33762

Country

USA

3. New Mailing Office Address, If Applicable

2335 Umerton Road

Suite, Apt. #, etc.

Suite 27

City & State

Clearwater, FL

Zip 33762

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2000

5. FEI Number

65-0993327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	DREHSEN, CHRISTIAN	1639 FORUM PLACE	WEST PALM BEACH FL
			500004664055--8 -11/02/01--01035--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LAW OFFICES OF HOWARD M. NUE, P.A.  
1152 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

ELIZABETH STRAPP

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

259 6TH AVENUE NORTH

Suite, Apt. #, Etc.

City

TIERRA VERDE

State

FL

Zip Code

33715

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Elizabeth Strapp*  
REGISTERED AGENT MUST SIGN

Date 10/12/01

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 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:

*Elizabeth Strapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01 (727)527-1100

Daytime Phone #

CR2000 (8/01)