

APPLICATION  
FOR  
REINSTATEMENT



**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATION

FILED

98 DEC 31 AM 8:23

STATE  
FLORIDA

DOCUMENT # P97000077011

### 1. Corporation Name

**DREW COMM SERVICES, INC.**

Principal Place of Business

Mailing Address

280 NORTH SHORE DRIVE  
MIAMI BEACH FL 33141

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MIAMI BEACH FL 33141

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

09/05/1997

5. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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)

[illegible]

**REINSTATEMENT** 98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBIN, ANDREW S  
18425 N.W. 2ND AVENUE  
SUITE 305  
MIAMI FL 33169

Name ROBERT M. GOLDMAN, EA  
Street Address (P.O. Box Number is Not Acceptable)  
15838 NW 10<sup>th</sup> STREET  
Suite, Apt. #, Etc.

City	State	Zip Code
PEMBROKE PINES	FL	33028

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 Robert M. Goldman  
REGISTERED AGENT MUST SIGN

Date 12/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:**

*Robert M. Goldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT M. GOLDMAN

12/28/98

Daytime Phone #

1925E040 (0408)