

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG 13 AM 11:15

DOCUMENT # 517836

1. Corporation Name

CABANA CONSTRUCTION CO., INC.

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

766 Pelican Court

3. Mailing Office Address

766 Pelican Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marco Island, Florida

City & State

Marco Island, Florida

Zip

34145

Country

USA

Zip

34145

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1976

5. FEI Number

59-1707515

☐ 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

Jennifer Dixon-Abbott

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

800 N. Collier Blvd.

Suite, Apt. #, Etc.

Suite 203

City

Marco Island

State

FL

Zip Code

34145

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

*Jennifer Dixon-Abbott*

REGISTERED AGENT MUST SIGN

Date 7/21/10

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
P/D	Robert E. Cabana	766 Pelican Court	Marco Island, Florida 34145
S/D	Janet O. Cabana	766 Pelican Court	Marco Island, Florida 34145

10. E-mail Address: jennifer@marco-law.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:

*Robert E. Cabana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/10

Date

(239)980-9421

Daytime Phone #