

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 JAN 31 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800065824258  
02/14/06--01024--010 \*\*1358.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000043213

1. Corporation Name

CABIN CREEK, INC.

2. Principal Office Address

4604 29th Street East

Suite, Apt. #, etc.

City & State

Palmetto, Florida

Zip

34221

Country

USA

3. Mailing Office Address

4604 29th Street East

Suite, Apt. #, etc.

City & State

Palmetto, Florida

Zip

34221

Country

USA

**REINSTATEMENT**

02-06

4. Date Incorporated or Qualified  
To Do Business in Florida

4/30/2001

5. FEI Number

☒ 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

Velma Jean Dobbs (f/k/a Velma Jean Steele)

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

4604 29th Street East

Suite, Apt. #, Etc.

City

Palmetto

State  
FL

Zip Code

34221

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

*Velma Jean Dobbs*  
REGISTERED AGENT MUST SIGN

Date 1-25-06

**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/T/ S/D	Dobbs, Velma Jean	4604 29th Street East	Palmetto, Florida 34221
	f/k/a Velma Jean Steele		

**RECEIVED FEB 02 2006**

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:

*Velma Jean Dobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-06

941-721-7974

Daytime Phone #