

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086415

1. Corporation Name

CABBA, INC.

Principal Place of Business

12421 NW 15TH ST., #304
SUNRISE FL 33323

Mailing Address

12421 NW 15TH ST., #304
SUNRISE FL 33323

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

65-1134822

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ABADI, JUDITH	12421 NW 15TH ST., #304	SUNRISE FL 33323
P	Abadi, Chaim	12421 NW 15th St. #304	Sunrise, FL 33323
VP/S	Beeson Jr., James M.	12421 NW 15th St. #304	Sunrise, FL 33323

400009147434
11/21/02--01044--008 **150.00

8. Name and Address of Current Registered Agent

BLOHM, FRANK
2825 UNIVERSITY DRIVE, #410
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name
Arnette Creely Duncanson & Sheinfeld, LLP
Street Address (P.O. Box Number is Not Acceptable)
1948 Harrison Street
Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33020

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

Daytime Phone #

CR2E040 (8/02)

CABBA, INC.
12421 N.W. 15th Street
#304
Sunrise, FL 33323

November 18, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CABBA, INC. Doc.#P01000086415


Dear Sirs:

Please find attached our Application for Reinstatement of CABBA, Inc. and our payment of annual fee of \$150.00.

The Corporation did not pay the corresponding fee on time, because we did not receive the two prior uniform business report (UBR) notices, as indicated on your Notice of Administrative Dissolution or Revocation. In addition, we have not been able to contact our current Registered Agent, Mr. Frank Blohm, regarding this matter. For these reasons we respectfully request the reinstatement fee be waived for the current year.

Should you require additional information, please contact me at (954) 846-0728.

Very truly yours,



Chaim Abadi
President