

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118523

1. Corporation Name

THE CABBAGE ROSE, INC.

Principal Place of Business

248 TAMPA AVE WEST
VENICE FL 34285

Mailing Address

248 TAMPA AVE WEST
VENICE FL 34285

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

12/13/2001

5. FEI Number

6-9-115-7417

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PT

PARKER, BARBARA S

1532 US 41 BY-PASS SOUTH #228

VENICE FL 34293

000008711290

10/30/02-01126-002 **150.00

8. Name and Address of Current Registered Agent

AMERMAN, CARL E

1124 SOUTH CYPRESS POINT DRIVE
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carl E. Amerman
REGISTERED AGENT MUST SIGN

Date

10-25-02

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:

Barbara S. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02 941 484 5750

Daytime Phone #

CR2E040 (8/02)

The Cabbage Rose, Inc.
248 Tampa Avenue, West
Venice, Florida 34285
941-484-5950

October 25, 2002

Enclosed please find my check for \$150.00 as the fee to file the Uniform Business Report along with the completed application for reinstatement without penalty. The application is signed by me and my Registered Agent, Carl E. Amerman.

I am the President of The Cabbage Rose, Inc. and I state that I did not receive either of the two prior Uniform Business Report Notices as described in your Notice of Administrative Dissolution.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara S. Parker".

Barbara S. Parker,
President, The Cabbage Rose, Inc.