

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000012058

1. Corporation Name

CABANA MAN BEACH SERVICE, INC.

Principal Place of Business

156 W. MITCHELL AVENUE
SANTA ROSA BEACH FL 32459

Mailing Address

156 W. MITCHELL AVENUE
SANTA ROSA BEACH FL 32459

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 & State

City & State

Zip

Country

Zip

Country

FILED

03 OCT 14 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/18/03 900605046 18000

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

37-141-8926

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|----------------|---|--|--------------------------------------|
| <i>Pres.</i> | <i>LAURENCE D. NEVILLE</i> | <i>156 W. MITCHELL AVE SRB FL 32459</i> | <i>SANTA ROSA BEACH FL 32459</i> |
| <i>V. Pres</i> | <i>KAREN L. NEVILLE</i> | <i>156 W. MITCHELL AVE 5</i> | <i>SANTA ROSA BEACH FL 32459</i> |
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REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

NEVILLE, KAREN L
156 W. MITCHELL AVENUE
SANTA ROSA BEACH FL 32459

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-9-03

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)(l), 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.

LAURENCE D. NEVILLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-2003

CR2E040 (7/03)

Revised

October 11, 2003

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

RE: Cabana Man Beach Service, Inc.
Reinstatement of Corporation & Waiver of Fees

To Whom It May Concern:

Please be advised that Cabana Man Beach Service, Inc. has previously submitted to your office the 2003 Corporation Annual Report/Uniform Business Report. The original form was returned to my attention due to the fact that Karen Neville was not appointed as an officer of the Corporation. Paperwork appointing Ms. Neville as a Vice President was returned to your office along with an affidavit attesting to the fact that Ms. Neville was appointed as a vice president. A copy of the affidavit is attached.

Also enclosed was a check in the amount of \$150.00, check No. 1346 which was dated on March 17, 2003 and covered the annual filing fee. The check was subsequently cashed.

When I spoke to a representative of your office I was told to complete the enclosed application and request that all reinstatement fees and penalties be waived. Please consider this letter a formal request for reinstatement and the waiver of all additional fees and penalties in regard to this matter

Cabana Man Beach Service, Inc. is an active corporation and will continue to file all appropriate corporate forms going forward as it has in the past. I trust that this matter will be rectified as soon as possible as this corporation is integral in my business and to my income.

If any additional information is necessary, please contact me at (850) 231-1988 or 156 W. Mitchell Avenue, Santa Rosa Beach, Florida 32459.

Thank you for your attention to this request.

Sincerely,

Lawrence D. Neville
President, Cabana Man Beach Service, Inc.