

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008579

1. Corporation Name

CABOT PROPERTIES, INC.

2. Principal Office Address

1021 11TH STREET OCEAN

Suite, Apt. #, etc.

3. Mailing Office Address

1021 11TH STREET OCEAN

Suite, Apt. #, etc.

City & State

MARATHON

City & State

MARATHON

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

4. Date Incorporated or Qualified
To Do Business in Florida

24 JANUARY 1994

5. FEI Number

65-0464243

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

BRUCE C. YOUNG

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

1021 11TH STREET OCEAN

Suite, Apt. #, Etc.

City

MARATHON

State
FL

Zip Code
33050

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

Bruce C. Young
REGISTERED AGENT MUST SIGN

Date 1/9/04

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	JAMES A. CUTHBERT	1021 11TH STREET OCEAN	MARATHON, FL 33050
V	BRUCE C. YOUNG	1021 11TH STREET OCEAN	MARATHON, FL 33050

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 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:

James A. Cuthbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Jan 04

Date

305-743-6575

Daytime Phone #

CR2E081 (10/02)