

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 JUN -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025132

1. Corporation Name

FABACCO, INC.

Principal Place of Business

Mailing Address

1125 Peppertree Drive
Suite 3A802
Sarasota FL 34242

7350 S. Tamiami Trail
Suite 219
Sarasota FL 34231

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

4. Date Incorporated or Qualified
To Do Business in Florida

March 29, 1995

5. FEI Number

65-0571603

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Thomas J. Manning	1125 Peppertree Dr 3A802	Sarasota FL 34242
D/P	Joseph D. Blouin	1213 Eastland Dr.	Sturgis MI 49091
D/S/T	Josephine A. Mowinski	18354 Blue Heron Dr. W	Northville MI 48167
D	Owen M. Parker	891 Perry Creek	Mio MI 48647
D	Michael J. Biber	2701 Troy Center Dr #400	Troy MI 48084

8. Name and Address of Current Registered Agent

C.T. Corporation System
1200 South Pine Island Road
Plantation FL 33324

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.

Signature of
Registered Agent

Marc Givlis

Date

MARC GIVLIS-ASST. V. REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josephine Mowinski
Josephine Mowinski

Date

Daytime Phone #

6/1/98

848-524-0060
248-347-7848

CR2E040 (1/98)