

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAR -4 PM 3:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000055437**

1. Corporation Name
CABBAGE, INC.

Principal Place of Business Mailing Address
2728 KAVALIER DRIVE 2728 KAVALIER DRIVE
PALM HARBOR FL 34684 PALM HARBOR FL 34684



REINSTATEMENT 98-99 20

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 **06/24/1997**
 5. FEI Number 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
PTSD	JOHNSON, SUSAN	2728 KAVALIER DRIVE 302 Garner Dr	PALM HARBOR FL 34684 Waverly IA 50477
VD	PEARL, PATTI J O	2728 KAVALIER DRIVE	PALM HARBOR FL 34684
VD	FORTSON, HEIDI J	2728 KAVALIER DRIVE	PALM HARBOR FL 34684
VD	AUSTIN, LYNNE	2728 KAVALIER DRIVE	PALM HARBOR FL 34684
VD	PLATTE, DAVID E	603 INDIAN ROCKS RD	BELLEAIR FL 34616

8. Name and Address of Current Registered Agent
PLATTE, DAVID E
603 INDIAN RICKS ROAD
BELLEAIR FL 34616

9. Name and Address of New Registered Agent
 Name **200002799972-3**
 Street Address (P.O. Box Number is Not Allowed) **-03/03/99 -01083--003**
 Suite, Apt. #, Etc ******150.00 ***150.00**
 City **200002799972-3**
 State **-03/03/99 -01083--004**
 Zip Code ******750.00 ***750.00**
FL

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 *David E. Platte* REGISTERED AGENT MUST SIGN Date **3/1/99**

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: *David E. Platte* 3/1/99 (727)-461-0420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)