

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

UDR

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/13/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1157417

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
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*  
SIGNATURE REQUIRED  
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

Daytime Phone #

10/25/02 941 484 5950

CR2040 (9/02)

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,



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