

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JUL 24 AM 9:07  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101349

1. Corporation Name

CABANA Ventures, Inc.

2. Principal Office Address - No P.O. Box #

2716 ARDON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2716 ARDON AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32833

Country

ORANGE

Zip

32833

Country

ORANGE

**REINSTATEMENT** 03-07

CR2E081 (1/07)

4. Date incorporated or Qualified To Do Business in Florida

11/18/1999

5. FEI Number

593612161

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

GALINA E CABANA

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

2716 ARDON AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32833

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Galina Cabana* Galina Cabana

Date

7/19/07

REGISTERED AGENT MUST SIGN

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
Pres	GALINA E CABANA	2716 ARDON AVE	ORLANDO FL 32833

000106628490  
07/24/07--01031--008 \*\*758.75

*7/25*

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 contained in Chapter 119, 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:

*Galina Cabana* Galina Cabana

Date

7/19/07

Daytime Phone #

407 568 8079