

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR 13 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 608357

1. Corporation Name

*Straight Chuter, Inc.*

400014446331  
03/21/03--01041--033 03/16/25

1981-2003 UBR

2. Principal Office Address

*996 Ranch Road*

Suite, Apt. #, etc.

3. Mailing Office Address

*996 Ranch Road*

Suite, Apt. #, etc.

City & State

*Tarpon Springs, FL*

City & State

*Tarpon Springs, FL*

Zip

Country

*34688*

*U.S.A.*

Zip

Country

*34688*

*U.S.A.*

4. Date Incorporated or Qualified To Do Business in Florida

*1-30-1979*

5. FEI Number

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

*Shelby J. Harvey*

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

*996 Ranch Road*

Suite, Apt. #, Etc.

City

*Tarpon Springs*

State

*FL*

Zip Code

*34688*

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

*Shelby J. Harvey*

REGISTERED AGENT MUST SIGN

Date *2-24-03*

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
<i>President</i>	<i>Shelby J. Harvey</i>	<i>996 Ranch Rd., Tarpon Spgs.</i>	<i>Tarpon Springs, FL 34688</i>
<i>V. Pres.</i>	<i>John V. Mauer</i>	<i>996 Ranch Rd.</i>	<i>Tarpon Springs, FL 34688</i>
<i>Sec.</i>	<i>Shelby J. Harvey</i>	<i>996 Ranch Rd.</i>	<i>Tarpon Springs, FL 34688</i>
<i>Treas.</i>	<i>Linda Evers</i>	<i>6291 Bahia Del Mar Cir.</i>	<i>St. Petersburg, FL 33715</i>

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: *Shelby J. Harvey* *Shelby J. Harvey* 2-24-03 827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*588-6414*

CR2E081 (9/01)

2002

***Strait Chuter, Inc.***

*996 Ranch Road,  
Tarpon Springs, FL 34688  
727-945-1020*

March 11, 2003

Ms. Michelle Milligan  
Document Specialist  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

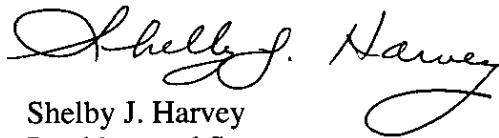
Dear Ms. Milligan,

Thank you for your help in reinstating Strait Chuter Inc., as referenced in Letter Number 502A0001875. Under separate cover you will receive enclosed my reinstatement application and my check for \$2,196.25, the amount required according to our conversation last week plus the fee for a certificate of status.

I am requesting a waiver of the penalty. I did not receive the 1981 annual report request.

I appreciate your help in this matter.

Sincerely,



Shelby J. Harvey  
President and Secretary