

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000031479

1. Corporation Name

STRAIT JACKET, INC.

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

26924 MCLAUGHLIN BLVD

3. Mailing Office Address

225 S. 6TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4390

City & State

BONITA SPRINGS, FL

City & State

MINNEAPOLIS, MN

Zip

34134

Country

USA

Zip

55402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2000

5. FEI Number

41-1967183

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
MICHAEL BARRETT

Street Address (P.O. Box Number is Not Acceptable)
26924 MCLAUGHLIN BLVD

Suite, Apt. #, Etc.

City
BONITA SPRINGS

State

FL

Zip Code

34134



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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-26-2007**

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
CPS	THOMAS RANDGAARD	225 S. 6TH ST, STE 4390	MINNEAPOLIS, MN 55402
CFOT	MICHAEL BARRETT	225 S. 6TH ST, STE 4390	MINNEAPOLIS, MN 55402
		B1/31/07	
		REINSTATEMENT 05-07	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Barrett

Date

1-26-07

Daytime Phone #

612-372-0093

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STRAIT JACKET, INC

225 SOUTH SIXTH STREET
SUITE 4390
MINNEAPOLIS, MN 55402

January 26, 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporate Reinstatement
Document #P00000031479

Dear Representative:

Enclosed please find the application for Corporate Reinstatement for Strait Jacket, Inc. and the requisite fees of \$458.75 to cover the Annual Report and Corporate Supplemental Fees for each year dissolved.

We are also enclosing a return overnight envelope for the requested Certificate of Status. Please return the Certificate of Status in the overnight envelope.

Thank you,


Michael Barrett, CFO
Strait Jacket, Inc.