

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 22 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067125

**1. Corporation Name**

HELLS BAY BOAT WORKS CO.

**2. Principal Office Address**

4365 Marsh Bend

Suite, Apt. #, etc.

City & State

Deland, Florida

Zip  
32724

Country

USA

**3. Mailing Office Address**

4365 Marsh Bend

Suite, Apt. #, etc.

City & State

Deland, Florida

Zip  
32724

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/30/1997

**5. FEI Number**

650783362

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

Hal T. Chittum

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

4365 Marsh Bend

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32724

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.**

Signature of  
Registered Agent

*Hal T. Chittum*

REGISTERED AGENT MUST SIGN

Date

3/3/04

**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
P	Hal T. Chittum	4365 Marsh Bend	Deland/FL/32724
VP	Jaymie E. Chittum	4365 Marsh Bend	Deland/FL/32724

**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.**

Hal T. Chittum President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

(386) 943-8622

Daytime Phone #

CR2E081 (01/04)

HELLS BAY BOAT WORKS CO.  
4365 MARSH BEND  
DELAND, FLORIDA 32724  
(386) 943-8622

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March 3, 2004

Department of State  
Division of Corporations  
~~P.O. Box 6327~~  
~~Tallahassee, Florida 32314~~

**Re: Waiver of Fee for Reinstatement of Hells Bay Boat Works, Co.**

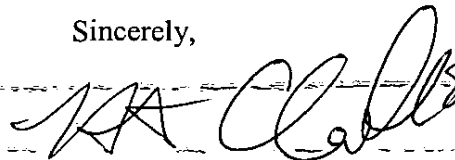
To Whom It May Concern:

It has recently come to my attention that the above referenced company has been dissolved. This was not my intention. Due to an address change, I never received the annual corporate report for 2004 therefore I was not able to file it.

Accordingly, I am requesting that the \$600.00 reinstatement fee be waived.

Thank you for considering my request. I have enclosed the reinstatement form and a check in the amount of \$158.75 for reinstatement and a certificate of status of the above referenced company.

Sincerely,



Hal T. Chittum, President  
Hells Bay Boat Works Co.

Enclosure

2/24/04