

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000000 3268**

1. Corporation Name

Chattin Hydro-Cycle, Inc.

2. Principal Office Address

112 S. Armenia Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33609

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida - **1/9/98**

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

Douglas Grose

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

112 S. Armenia Ave.

Suite, Apt. #, Etc.

N/A

City

Tampa

State
FL

Zip Code
33609

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

REGISTERED AGENT MUST SIGN

Date **6/25/02**

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
D/P	Jesse Chattin	7201 S. 49th St.	Tampa, FL 33619
D/S	Frederick J. Martin	2323 Valrico Forest Dr.	Valrico, FL 33594
D/T	Dan Ridgeway	c/o Cahill's Yamaha of 8920 N. Armenia Ave.	North Tampa Tampa, FL 33604

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-27-02 813-689-8124

FILED
02 JUL -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****1200.00 ***1200.00**

REINSTATEMENT

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*******8.75 *****8.75**

CR2E081 (9/01)