

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 1:41



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

DOCUMENT # P99000020047

1. Corporation Name

CHATTIN CLUSTER CORP.

2. Principal Office Address

664 Oakfield Dr.

3. Mailing Office Address

664 Oakfield Dr.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State

Brandon, Florida

City & State

Brandon, Florida

Zip
33511

Country
Hillsborough

Zip
33511

Country
Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

March 1, 1999

5. FEI Number Copy of
Application attached

☒ 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 J. McDermott, Esquire

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

791 W. Lumsden Rd.,

Suite, Apt. #, Etc.

N/A

City

Brandon

State
FL

Zip Code
33511

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 Michael J. McDermott

Date

5-15-01

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	Jesse Chatten	7901 S. 49th Ave.	Tampa, FL 33619
Tres	Joe Martin	2323 Valrico Forest Dr.	Valrico, FL 33594
Sect	Donald N. Korte	507 Desiree Dr.	Brandon, FL 33511
Dir.	Danny Ridgeway	19501 Pine Valley Dr.	Odessa, FL 33556
Dir.	Anne Misiazek	11005 Hanaway Dr.	Riverview, FL 33569
			SP

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)(f), 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 #

5-17-01

813-689-8124

CR2E081 (9/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trust, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records

EIN

OMB No. 1545-0003

1	Name of applicant (legal name) (see instructions) Chattin Cluster Corp.	
2	Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name N/A
4a	Mailing address (street address) (room, apt., or suite no.) 664 Oakfield Dr.	5a Business address (if different from address on lines 4a and 4b) N/A
4b	City, state, and zip code Brandon, FL 33511	5b City, state, and ZIP code N/A
6	County and state where principal business is located Hillsborough Couty, Florida	
7	Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ► 469-46-7817 Donald N. Korte	

8a Type of entity (Check only one box.) (see instructions)**Caution:** if applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) _____ ☐ Estate (SSN of Decedent) _____
☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN) _____
☐ REMIC ☐ National Guard ☒ Other Corporation (Specify) ► For Profit
☐ State/local government ☐ Farmers' Cooperative ☐ Trust
☐ Church or church-controlled organization ☐ Federal government/military
☐ Other nonprofit organization (specify) ► _____ Enter GEN if applicable) _____
☐ Other (specify) ► _____

8b If a corporation, name the state or foreign country if applicable) where incorporated	State Florida	Foreign country N/A
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input checked="" type="checkbox"/> Started new business (specify type) ► Sales of bicycle sprockets	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Created a Trust (specify type) ► _____
<input type="checkbox"/> Created a pension plan (specify Type) ► _____	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) March 1, 1999	11 Closing month of accounting year (see instructions) 12/31
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12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month day, year)	► N/A
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13 Highest number of employees expected in the next 12 months. Note: if the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural -0-	Agricultural -0-	Household -0-
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14 Principal activity (see instructions) ► Sales of bicycle sprockets
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►	

16 To whom are most of the Products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> N/A

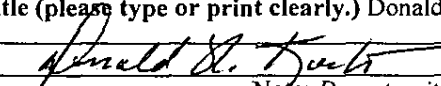
17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.	

17b If you checked "yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above
Legal Name ► N/A Trade Name ► N/A

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year) N/A	City and state where filed N/A	Previous EIN N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (813) 689-8124
	Fax telephone number (include area code) (813) 681-2298

Name and title (please type or print clearly.) Donald N. Korte, Secretary

Signature ►  Date ► 5-17-01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for Applying
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MICHAEL J. McDERMOTT, P.A.

Attorneys At Law

791 WEST LUMSDEN ROAD • BRANDON, FLORIDA 33511

MICHAEL J. McDERMOTT
RICKY L. THACKER

TELEPHONE (813) 684-3131
FACSIMILE (813) 654-0052

May 17, 2001

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

RE: Reinstatement of Chattin Cluster Corp. to active status
Our File No.: 01-0111

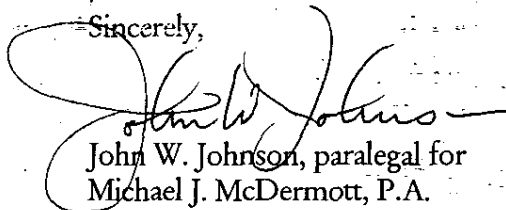
Dear To Whom it May Concern:

Enclosed please find a check in the amount of \$300.00 which represents the Annual Dues for 2000 and 2001, a copy of the Application for EIN, and an application for Corporation Reinstatement.

The notification for filing the annual report was not received by the above referenced corporation, and therefore, the annual report was not filed. Please accept this letter as a request for a one time waiver of the reinstatement fee, and reinstate the said corporation to active status.

Please contact the undersigned for additional information if required.

Sincerely,



John W. Johnson, paralegal for
Michael J. McDermott, P.A.

JWJ