

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -7 PM 3:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006654**

1. Corporation Name

**INTERNATIONAL BLENDS, INC.**

Principal Place of Business

Mailing Address

155 108TH AVE., N.E. #601  
 BELLEVUE WA 98004

155 108TH AVE., N.E. #601  
 BELLEVUE WA 98004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *2000*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-9994053

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	HOLMES, ROBERT D	155 108TH AVE., N.E. #601	BELLEVUE WA 98004
VD	HOFFMAN, DAVE	155 108TH AVE., N.E. #601	BELLEVUE WA 98004
S	HOLMES, LYNETTE	155 108TH AVE., N.E. #601	BELLEVUE WA 98004
TD	SCHUUR, MARK T	155 108TH AVE., N.E. #601	BELLEVUE WA 98004
			<del>200003465342-6</del> -11/15/00--01129--004 *****750.00 *****750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
 526 EAST PARK AVE.  
 TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Ed Harris*  
 REGISTERED AGENT MUST SIGN

Date

11/7/00

11. 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)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/00

Daytime Phone #

455 462 1300

CR2E040 (8/00)