

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

Nov 14, 2001 8:00 A.M.
Secretary of State

DOCUMENT # F 9700004859

1. Corporation Name

Atlantic Bldg Inc.

2. Principal Office Address

750 Market Street

Suite, Apt. #, etc.

City & State

Tacoma, WA

Zip

98402

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida

9/17/97

5. FEI Number

91-1945129

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

000004678720--6

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

Lynette Coleman

as its agent

Date 11/12/2001

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
PTSO	Gary M. Gray	750 Market Street	Tacoma, WA 98402
D	Lester J. Proch	1111 West George Street	Vancouver BC V6E 4M3
V	Bruce P. Weiland	151 Finch Place S.W.	Bainbridge Is, WA 98110
D	Michelle C. Dunlap	1445 Ross Ave Suite 3200	Dallas, TX

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:

Gary M. Gray

10/31/01

(253) 396-4340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032
REFERENCE : 402682 5061375
AUTHORIZATION : *Patricia Pizote*
COST LIMIT : \$ 1050.00

ORDER DATE : November 12, 2001

ORDER TIME : 12:34 PM

ORDER NO. : 402682-020

CUSTOMER NO: 5061375

CUSTOMER: Ms. Sally Daly
Graywood Properties
750 Market Street

Tacoma, WA 98402

DOMESTIC FILINGS

NAME: ATLANTIC BLVD, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114
EXAMINER'S INITIALS _____

RECEIVED
01 NOV 14 AM 11:24
DIVISION OF CORPORATION