

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

183

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 11 PM 3:51

DOCUMENT # 1502000005366

1. Corporation Name

SMOOTH Corporation

2. Principal Office Address

10620 NE 8th Street,

Suite, Apt. #, etc.

Suite 102

City & State

Bellevue, WA

Zip

98004

Country

USA

3. Mailing Office Address

(same as principal office)

Suite, Apt. #, etc.

City & State

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

10/25/02

5. FEI Number

911988488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

700058489687

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

**Brian Courtney
Asst. V. Pres.**

Date

8/16/05

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
P/CEO	Steven Simonson	10620 NE 8th Street, Suite 102	Bellevue, WA 98004
D/T	Steven Simonson	10620 NE 8th Street, Suite 102	Bellevue, WA 98004
S	Michael Pinkowski	10620 NE 8th Street, Suite 102	Bellevue, WA 98004
D	Robert Seidel	10620 NE 8th Street, Suite 102	Bellevue, WA 98004
D	Ohan Markarian	10620 NE 8th Street, Suite 102	Bellevue, WA 98004

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:

Steven Simonson

July 26, 2005

425-455-7642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Resolution adopting Alternate Name -
Name Not Available is Florida

CR2E081 (01/05)

**RESOLUTION OF THE
BOARD OF DIRECTORS**

I, the undersigned President of SMOOTH Corporation, a corporation duly organized and existing under the laws of the State of Washington, do hereby certify that this Resolution of the Board of Directors was duly adopted on July 28, 2005.

BE IT RESOLVED, that SMOOTH Corporation, organized and existing in the State of Washington, hereby adopts the name iFloor Corporation for use in the State of Florida.

DATED as of this July 28, 2005.

SMOOTH CORPORATION



Steven Simonson, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

3 of 3

ACCOUNT NO. : 072100000032

REFERENCE : 509072 4332425

AUTHORIZATION :

Patricia T. T. T.

COST LIMIT : \$ 1058.75

ORDER DATE : July 27, 2005

ORDER TIME : 12:59 PM

ORDER NO. : 509072-005

CUSTOMER NO: 4332425

CUSTOMER: Ms. Lauree Seko
Cairncross & Hempelmann
Suite 500
524 Second Avenue
Seattle, WA 98104-2323

REINSTATEMENT

NAME: SMOOTH CORPORATION

XX REINSTATEMENT

XX RESOLUTION ADOPTING NAME TO USE IN FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

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