## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCU 1. Entity Nam	MENT # F04000003			FILED			
	ORFISH INC.					PH 12: 47	
Principal Plac	ce at Business	Mailing Address			SECRETARY TALLAHASSE	E ELORIDA	
500 W. CYPRESS CREEK ROAD STE. 410 821 SECOND AVE				-1-	1		-K110
FT. LAUDERDALE, FL 33309 STE 1000 SEATTLE, WA 98104				1518	5/06 4	0 <i>30</i> 8 0	)3 <i>1</i> 5/50.18
		SCHITCE, WA 30104			I AKAN KAKAMAN AKAN AKAN KA		
2. Principal Place of Business 3. Mailing Address			1 (1)				
		a use	OFINE	(N-2004)	<b>-</b>	$\sim$	
180		1800			STATEM	1/05)	$\mathcal{O}$
City & State		Seattle, WA		4. FEI Numb 87-060			oplied For_
Zip	Country	Zip	Country			_ \$9.75 Add	ditional
		98104	l us	)	of Status Desired	Fee Require	
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent Name				
	PORATION SYSTEM	Stract /	Street Address (P.O. Box Number is Not Acceptable)				
	ITH PINE ISLAND ROAD ION, FL 33324	Street	Sireer Address (F.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of registered agent.  Barbara A. Burke							
SIGNATURE Special Assistant Secretary /2//06							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
TITLE	CEO	☐ Delete	TITLE		· -	Change	Addition
NAME STREET ADDRESS	MCANDREWS, BRIAN 821 SECOND AVE, STE 1000		NAME STREET ADDRESS	821 Second	dave, Ste	1200	<u> </u>
CITY-ST-ZIP	SEATTLE, WA 98104		CITY-ST-ZIP	Seattle, W	A 98104	1800	
TITLE	CFO	<b>⊠</b> Delete	TITLE	CFO		Change	Addition
NAME STREET ADDRESS	VERLOON, MICHAEL 821 SECOND AVE, STE 1000		NAME STREET ADDRESS	Wisehear	t, wayne	Pas	İ
CITY-ST-ZIP	SEATTLE, WA 98104		CITY-ST-ZIP	Sea Hie. W	1A 92104	1000	
TITLE	SVGC	☐ Defete	TITLE			Change	Addition
NAME STREET ADDRESS	SCHOEMAKER, LINDA 821 SECOND AVE, STE 1000		NAME STREET ADDRESS	821 Secon	d Club Str	: 1971m	
CITY -ST-ZIP	SEATTLE, WA 98104		CITY-ST-ZIP	Seattle	JA 98104		
TITLE		☐ Delete	TITLE	VP, FINANC	JA 98104 E & Account	TING Change	<b>Æ</b> .Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	LEA, VICTOR 821 Second	21A	153	
CITY-ST-ZIP			CITY-ST-ZIP	Secutio 11	10/e, Sic 1/9/8/04	1800	
TITLE		☐ Delete	TITLE	DIRECTOR (	SETAX	☐ Change	Addition
NAME STREET ADDRESS			name Street address	DAVIDSON,	MARC	100	_
CITY-ST-ZIP			CITY-ST-ZIP	Seattle, W	ave, Ste	ISOD	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		000810		
CITY-ST-ZIP			STREET ADDRESS CITY-S1-ZIP	10/2	0/0601057-	-997 **600	.00
12. I hereby	received that the information supplied with	this filing does not qualify for	or the exemptions of	contained in Chapter 119	9, Florida Statutes. I fur	ther certify that the ir	nformation
indicated on this report or supplemental report is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered							
SIGNATURE: MAYON DAVIDON 10/9/06 206-816-8700 Date Daytore Prione #							