

**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

07 MAR -8 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

06-07



00062006 REIN-P CR2E098 (11/05)

**DOCUMENT # F05000000021**  
 1. Entity Name  
 SUSAN KOVALIK & ASSOCIATES, INC.



Principal Place of Business: 17051 S.E. 272ND STREET, SUITE 17 COVINGTON, WA 98042  
 Mailing Address: 17051 S.E. 272ND STREET, SUITE 17 COVINGTON, WA 98042

2. Principal Place of Business: 33506 10th Place S.  
 3. Mailing Address: 33506 10th Place S.  
 Suite, Apt. #, etc.

City & State: Federal Way, WA  
 Zip: 98003 Country: USA

4. FEI Number: 77-0126621  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NORRIS, BARBARA  
 410 BRIGHTWATERS DR.  
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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.  
 SIGNATURE: *Barbara A. Norris* DATE: Feb 19, 2007  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, CATHEY	
STREET ADDRESS	27505-218TH PLACE SE	
CITY-ST-ZIP	MAPLE VALLEY, WA 98038	
TITLE	PS	<input type="checkbox"/> Delete
NAME	KOVALIK, SUSAN J	
STREET ADDRESS	399 NINE MILE ROAD	
CITY-ST-ZIP	OROVILLE, WA 98844	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, KAREN	
STREET ADDRESS	131 EASTLAKE DRIVE	
CITY-ST-ZIP	OROVILLE, WA 98844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600095800896	
STREET ADDRESS	04/04/07--01090--013 **908.75	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kovalik, Susan J.	
STREET ADDRESS	42019 196th Avc SE	
CITY-ST-ZIP	Enumclaw, WA 98022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall 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: *Susan Kovalik* DATE: 10-9-2006 DAYTIME PHONE #: 253.815.8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR