

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SRI ACQUISITION CORP.

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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11 JUN 23 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000004666

1. Corporation Name

SRI ACQUISITION CORPORATION

2. Principal Office Address - No P.O. Box #

3885 ROCKBOTTOM STREET

Suite, Apt. #, etc.

City & State

NORTH LAS VEGAS, NV

Zip

89030

Country

CLARK

3. Mailing Office Address

665 ANDOVER PARK WEST

Suite, Apt. #, etc.

City & State

TUKWILA, WA

Zip

98188

Country

KING

CR32091 (11/1/01)

4. Date incorporated or Qualified

To Do Business In Florida 11/25/2009

5. FEI Number

87-0806913

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/23/11

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	MICHAEL HALVERSON	3885 ROCKBOTTOM STREET	NORTH LAS VEGAS, NV 89030
C	STEVE KALMAN	665 ANDOVER PARK WEST	TUKWILA, WA 98188
			10-11
			REINSTATEMENT
			B 6/23/11

10. E-mail Address: ksalman@ais-sim.com

(To be used for future filings report notifications)

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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

SIGNATURE:

[Signature]

STEVE KALMAN

6/22/2011

206/575-9797

SIGNATURE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #