FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (13/10)

DOCUMENT # F11000002232

1. Corporation Name

NAES Constructors, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1180 NW Maple Street		1180 NW Maple Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Issaquah, WA		Issaquah, WA	
Zip	Country	Zip	Country
98027	USA	98027	USA

4. Date Incorporated or Qualified To Do Business In Florida: May 26, 2011

5. FEI Number: 27-4719971 — 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: #250

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Dorid Kluess, Asst Sec Date: 6-27-13

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
Director	Robert E. Fishman	1180 NW Maple St., Ste. 200	Issaquah, WA 98027
Director	Debra A. Olson	1180 NW Maple St., Ste. 200	Issaquah, WA 98027
Director	Mark R. Iraola	1180 NW Maple St., Ste. 200	Issaquah, WA 98027

10. E-mail Address: jean.guthrie@naes.com

(To be used for future annual report notification)

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 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that 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.817.155, F.S.

SIGNATURE: [signature] Debra A. Olson 6/25/13 (425) 961-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer Online

Division of Corporations

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
NAES CONSTRUCTORS, INC.

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