

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAR 26 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000002583**

1. Corporation Name

**E. KENT HALVORSON, INC.**

Principal Place of Business

9840 WILLOWS ROAD  
SUITE 200  
REDMOND WA 98052  
US

Mailing Address

P.O. BOX 2400  
REDMOND WA 98076  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

**REINSTATEMENT**

98-99  
200

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **200**

City & State **Redmond WA**

Zip **98052** Country **US**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **200**

City & State **Redmond WA**

Zip **98052** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida **06/03/1993**

5. FEI Number **91-1278481**

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	HALVORSON, E. KENT	9840 WILLOWS ROAD NE	REDMOND WA
VP	DARNELL, FRED C	9840 WILLOWS ROAD NE	REDMOND WA
DST	HALVORSON, SUSAN J	9840 WILLOWS ROAD NE	REDMOND WA
VP	JACOBSON, NORM	9840 WILLOWS ROAD NE	REDMOND WA
<del>VP</del>	<del>LUNSFORD, MARK P</del>	<del>9840 WILLOWS ROAD NE</del>	<del>REDMOND WA</del>
VP	QUINN, MICHAEL L	9840 WILLOWS ROAD NE	REDMOND WA

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **See Attached Letter from Agent** (Date)

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax)

12. 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: *Handwritten Signature* 3/22/99 425-885-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Ag2

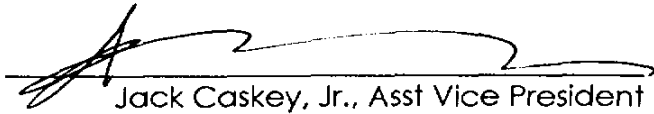
CONSENT TO SERVE AS REGISTERED AGENT

C T Corporation System, located at 1200 South Pine Island Road, Plantation, FL 33324 does hereby consent to serve as Registered Agent for the following company:

E. KENT HALVORSON, INC.

We understand that as the agent, it will be our responsibility to receive service of process; to forward all mail; and to immediately notify the Office of the Secretary of State in the event of our resignation, or of any changes in the Registered Office address.

DATED February 8, 1999

  
Jack Caskey, Jr., Asst Vice President