

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 31 PM 1:30

DOCUMENT # F93000002583

1. Corporation Name

E. KENT HALVORSON, INC.

Principal Place of Business

9840 WILLOWS ROAD
SUITE 200
REDMOND WA 98052
US

Mailing Address

9840 WILLOWS RD. N.E.
200
REDMOND WA 98052
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

06/03/1993

5. FEI Number

91-1278481

Applied For

Not Applicable

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

DP

HALVORSON, E. KENT

9840 WILLOWS ROSD 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~~

VP

QUINN, MICHAEL L

9840 WILLOWS ROAD NE

REDMOND WA

~~VP~~

~~QUINN, CHRIS~~

~~9840 WILLOWS RD NE~~

~~REDMOND WA~~

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

200010142892
01/16/03--01015--009 **758.75

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. or 617.0505, F.S.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/31/02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Kent Halvorson, DP 12/30/02

Date

(425) 885-1983

CR2E040 (8/02)