7	
L	į
F 1	•
a /	
- Barrel	
- ·e-	

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	ĺ
REINSTATEMEN'	1



## FLORIDA DEPARTMENT, OF STATE

SECRETARY OF STATE

REINSTATEMENT		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	OO NOV 13 PM 2: 19	
DOCUMENT # F  1. Corporation Name  FLOW INTERN.				
Suite, Apt. #, etc.			PFINSTATEMENT 99-00	
City & State  Kent, wa.  Zip  Country  98032  USA	City & S Ke A Zip	Nt, WA Country	4. Date Incorporated or Qualified To Do Business in Florida  5 - / 0 - 94  5. FEI Number 9/-//0 4842  Applied For Not Applicable  CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required.	
7.00	7.0	7. Name and Address of Current Regi	for a Certificate of Status	
Street Address (P.O. 1.2.0.1	P. Box Number is Not Accepted Ays STREE C	able)	\$00003496548 -5 -12/12/0001027012 	
8. I, being appointed the egistere Signature of Registered Agent	ensul	d corporation, am familiar with and accept the	the obligations of section 607.0505 or 617.0503, F.S.  Date	
	of Each Officer and/or Direct	tor (Florida nonprofit corporations must list	Each	
D -	s and/or Directors  W TARRANT	Officer and/or Dire	rector City / State / Zip	
DIR. ARLEN PR	entice	1000 PLAZA 600	BLAG. SEATTLE, WA	
DIR. DEAN THO.	RNTON	23500 64 EM A	ve. so. Kent, WA. 98032	
CFO STEVE RE	CICHEN BACH	23500 64 TH AVE	e so. KENT, WA. 98032	

10. 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 filling 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 man have the same legal effect as if made under oath. on this application is true and accurate, and my signature ve the same legal effect as if made under oath.

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

STEVE REICHEN BACH

(253) 813-3514

Daytime Phone #

CR2E081 (9/99)